



## About the National Alliance for Action on Alcohol (NAAA)

The National Alliance for Action on Alcohol (NAAA) is a national coalition of health and community organisations from across Australia, which was formed in 2009 with the goal of reducing alcohol-related harm.

Today, the NAAA represents more than 40 organisations from across Australia. The NAAA's members cover a diverse range of interests, including public health, law enforcement, Aboriginal and Torres Strait Islander health, child and adolescent health, and family and community services.

This broad coalition of interests highlights the widespread concern in Australia about alcohol-related harm, and emphasises the importance of cross-sector community partnerships. The far-reaching impacts of alcohol-related harm urgently require a coordinated strategy across Australian governments to drive and sustain action on this pressing community issue.

## About the Foundation for Alcohol Research & Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventive health challenges.

FARE has been working since 2001 with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's (2010) *Global strategy to reduce the harmful use of alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email [info@fare.org.au](mailto:info@fare.org.au).

## Contents

Summary .....	4
Submission approach .....	5
Recommendations .....	6
The case for an effective National Alcohol Strategy.....	9
Overarching issues with the Consultation Draft .....	10
Towards an effective National Alcohol Strategy that achieves change.....	10
<b>1. Adopt the National Road Safety Strategy 2011-2020 frame as a model for the new National Alcohol Strategy .....</b>	<b>11</b>
Ambitious overarching target/s .....	12
Mechanisms that facilitate shared responsibility and leadership .....	13
A staged approach to implementation with priority actions.....	14
Independent and transparent policymaking processes.....	15
<b>2. Adopt a system of strong accountability measures to monitor progress .....</b>	<b>16</b>
Development of a reporting framework within three years .....	16
Collection of alcohol sales data and ‘last drinks’ data at hospital emergency departments .....	17
<b>3. Prioritise and commit to implementing the following activities in the first three years .....</b>	<b>18</b>
Priority 1 – Managing availability, price and promotion .....	19
Priority 2 – Improving community safety and amenity .....	24
Priority 3 – Supporting individuals to obtain help and systems to respond.....	27
Priority 4 – Promoting healthier communities .....	28
<b>4. Review progress in implementing the National Alcohol Strategy after the first three years .</b>	<b>31</b>
References .....	32

## Summary

Australians have been let down by its governments because of their failure to adopt a new National Alcohol Strategy. Since 2011, governments have introduced and pursued alcohol policies and programs in a piecemeal way and without clear goals or objectives. Some governments have taken decisive action, others have ignored the magnitude of the problem, while still others have made the situation worse by their actions. This failure by Australia's political leaders and decision-makers to stop alcohol harm has been to the detriment of too many Australians.

Since 2011, when the last National Alcohol Strategy lapsed, Australia has suffered a devastating toll with more than 33,000 alcohol-related deaths and 942,000 alcohol-related hospitalisations.<sup>3</sup> This is a failing that urgently needs to be addressed. We are now at a point where we cannot afford for a new National Alcohol Strategy to be a document without tangible solutions. All levels of government must ensure that they take ownership of a new National Alcohol Strategy and begin to implement policies and programs that will result in change that reduces the alcohol toll.

It would be a massive failure on the part of all governments for Australia to go another six years without clear strategic direction.

Knowledge of the scope, nature and magnitude of alcohol harm is not new. In 1977, the Senate Standing Committee on Social Welfare identified alcohol and its harms as a "problem of epidemic proportions".<sup>1</sup> To address this issue, the Committee made 37 alcohol-specific recommendations, one of which called for the Australian Government to "develop and announce a specific policy on alcohol and alcohol abuse".<sup>2</sup> Since this inquiry, there have been three national policies or strategies specifically focused on alcohol in Australia.

Fast-track 40 years and alcohol continues to cause significant harm in society. Each day, 15 Australians die and a further 430 are hospitalised because of alcohol.<sup>3</sup> These figures understate the significant impact alcohol use has on others, including violence on our streets and in our homes, vandalism, road traffic accidents, child maltreatment and neglect, and lost productivity in the workplace.<sup>4</sup> These figures also do not reflect the disproportionate impact alcohol has on specific population groups.

For this reason, the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE) are pleased to see that the Ministerial Drug and Alcohol Forum have taken steps towards ending this uncertainty through release of the Consultation Draft of the National Alcohol Strategy 2018-2026. This process provides an important opportunity to finalise and implement a strategy that will prevent and minimise alcohol harm.

NAAA and FARE welcome the opportunity to make this submission. While we acknowledge that the Consultation Draft has a sound public health framing and includes a range of evidence-based measures, it lacks detail on how and by whom the strategy will be implemented. With a few practical but important changes, the Consultation Draft can be transformed into a strategy that will achieve change.

The new National Alcohol Strategy must include clear priorities, targets, timeframes and accountability mechanisms to effectively prevent and minimise alcohol harm. It is within this context that NAAA's and FARE's submission has been developed.

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<sup>3</sup> Calculated using annual figure in Gao, C., Ogeil, R., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education and VicHealth in collaboration with Turning Point.

## Submission approach

This submission deliberately takes a prevention approach and predominantly focuses on actions aimed at stopping alcohol harm in the first place. While NAAA and FARE acknowledge the significant unmet need for alcohol and other drug treatment services in Australia,<sup>5</sup> preventive alcohol-control policies have largely been neglected by governments must now be addressed.

NAAA and FARE have taken a pragmatic approach to this submission, focusing on how the Consultation Draft can be strengthened to effectively prevent and minimise alcohol harm. While finalising a National Alcohol Strategy is a very important first step, the strategy's effectiveness depends on how it is implemented. As such, the majority of NAAA's and FARE's submission is focused on incorporating mechanisms to facilitate the implementation of the strategy and the bringing about of change.

To set the scene, NAAA's and FARE's submission briefly outlines a case for an effective strategy, as well as summarises overarching issues with the Consultation Draft. It then identifies four key areas that need to be addressed in any future National Alcohol Strategy to facilitate effective implementation:

1. Adopt the National Road Safety Strategy 2011-2020 frame as a model for the new National Alcohol Strategy.
2. Adopt a system of strong accountability measures to monitor progress.
3. Prioritise and commit to implementing a series of modest activities in the first three years, which will move action on reducing alcohol's toll from inertia to momentum.
4. Review progress in implementing the National Alcohol Strategy after the first three years.

For each of these key areas, NAAA and FARE identify specific issues that need to be addressed in the new National Alcohol Strategy to facilitate effective implementation, as well as outline clear recommendations for action.

## Recommendations

1. That the National Alcohol Strategy 2018-2026 include an overarching target that aligns with the Australian Health Policy Collaboration (AHPC) Health Tracker 2025 target of a 20 per cent reduction in harmful use of alcohol with regard to:
  - per capita consumption
  - heavy episodic drinking
  - alcohol-related morbidity and mortality.
2. That the National Alcohol Strategy 2018-2026 includes mechanisms that facilitate shared responsibility and leadership for undertaking specific actions. As a minimum, specific actions for implementation should be clearly outlined in the strategy. Each action should be accompanied by:
  - the identification of the level of government, department and/or agency with primary responsibilities for leading implementation
  - the identification of other relevant collaborating agencies.
3. That the National Alcohol Strategy 2018-2026 include a staged approach to implementation, with each of the four priority areas including two levels of specific actions:
  - 'Initial actions' – priority actions to be implemented in the first three years of the strategy.
  - 'Future actions' – specific longer-term initiatives that will be given further consideration as the strategy progresses.
4. That the National Alcohol Strategy 2018-2026 include 'initial actions' and 'future actions' that are specific, achievable within the specified timeframe, accompanied by clear measures of success, and outline who has primary responsibility for implementing each action.
5. That the National Alcohol Strategy 2018-2026 include a commitment to report on delivery of 'initial actions' by the end of 2021.
6. That the new National Alcohol Strategy maintain the position outlined in the Consultation Draft that "Australia does not support any ongoing role for industry in setting or developing national alcohol policy" (page 24).
7. That Australian, state and territory governments as a matter of priority, ban all donations from the alcohol industry including donations from producers, retailers (on and off-licence venues) and associated member organisations and lobbyists.
8. That the MDAF commit to resourcing and rebuilding Australia's monitoring system for alcohol across the course of the strategy.
9. That Australian, state and territory governments, in collaboration with the Alcohol Reference Group, develop a reporting framework during the first three years of the strategy that:
  - At a minimum, initially includes both indicators and targets that align with the AHPC's Health Tracker 2025 proposed targets and indicators for alcohol
  - Incorporates additional indicators and targets aimed at reducing rates of alcohol-related harm.
  - For each 'initial action' and 'future action', includes clear measures of success and timeframes for implementation.
  - Includes a commitment to report on delivery of 'initial actions' by the end of 2021.
  - Requires presentation of an annual report to the MDAF documenting progress in implementing this strategy.

10. That the governments of South Australia and New South Wales immediately commence collection of state-wide wholesales and producer alcohol sales data at the transaction level detailing alcohol type, volume and cost, as well as the purchasers' retail licence number.
11. That within the first three years of the National Alcohol Strategy, a nationally consistent system of data collection from wholesalers and producers is implemented and modelled on the approach outlined in the Centre for Alcohol Policy Research's paper, *Understanding alcohol sales data in Australia*.
12. That state and territory governments build on the findings of the 'Driving Change' research project and commit to recording the drug and alcohol intake and place of last drinks, of patients presenting to all hospital emergency departments.

**Recommendations that the National Alcohol Strategy 2018-2026 include the following 'initial actions':**

13. That the Australian Government agree in principle to introducing a volumetric tax for wine and other fruit- and rice-based alcoholic products.
  - That the MDAF establish a specific purpose intergovernmental taskforce, to be advised by eminent economists, taxation and public health experts, for the purpose of providing advice on reform of taxes on alcoholic beverages.
  - That this taskforce oversees preparation of a Green Paper on alcohol pricing (taxation and minimum unit prices) reform options that as a minimum, includes identification of options for transitioning to a volumetric system for all alcoholic products, and the need for a floor price on alcohol.
14. That state and territory governments introduce a minimum unit price for alcohol.
15. That the Australian Government agree to end the alcohol advertising exemption during children's viewing times on free to air commercial television.
16. That an intergovernmental committee be established to undertake a review of alcohol advertising regulation across all forms of media. This should include identification of options for transitioning towards nationally consistent, independent and legislated controls on all forms of alcohol advertising.
17. That the MDAF, in conjunction with state and territory ministers and agencies responsible for liquor licensing regulation, implement uniform minimum principles for liquor licensing legislation that limit the excessive availability of alcohol. To reduce alcohol-related violence, uniform principles should address the following four priority areas:
  - Preventing areas from becoming saturated with liquor licences, by:
    - o reforming licence application processes to include as primary considerations the density of liquor licences in an area, the socio-economic status of the area, the existing levels of alcohol-related violence, and community views.
  - Reducing the excessive availability of alcohol in areas saturated with liquor licences:
    - o by undertaking assessments of existing liquor licence density and levels of alcohol-related violence to determine whether areas are 'saturated' with liquor licences
    - o where an area is deemed to be saturated, introduce a liquor licence freeze.
  - Introducing trading hour restrictions to reduce the excessive availability of alcohol, by:
    - o introducing a closing time of no later than 2am for on-licence venues (pubs, clubs or bars)
    - o limiting off-licence (packaged liquor) trading hours to between 10am and 10pm.
  - Introducing a risk-based licensing fee system for all licence types that (as a minimum) offsets the cost of alcohol-related harm borne by government and the community.

18. That state and territory governments prioritise harm minimisation above all other considerations by elevating harm minimisation as the primary object of liquor licensing legislation, whereby it is considered as a higher priority than all other objectives.
19. That state and territory governments clearly define harm in the objects of liquor licensing legislation to include the protection of children and prevention of family violence.
20. That state and territory governments strengthen enforcement of liquor licensing legislation relating to both off- and on-licence sale of alcoholic beverages. As a minimum this should include introduction of:
  - swift and certain sanctions for non-compliance to act as a deterrent against liquor legislation breaches
  - a compliance monitoring system, according to risk associated with licence type, that includes regular unscheduled visits.
21. That state and territory governments maintain and strengthen implementation and enforcement of drink-driving laws and Blood Alcohol Concentration (BAC) limits, as well as strengthen public information concerning drink-driving countermeasures, as needed. As a priority jurisdictions should:
  - ensure that frequent and Random Breath Testing programs are resourced and conducted
  - consider adoption of administrative measures such as licence suspension and interlock requirements for all caught drink driving at .05 per cent or above.
22. That the Australian Government release and implement the National FASD Strategic Action Plan. Parents and carers of those living with FASD should be given the opportunity to assist with the design of any programs and activities under the Action Plan.
23. That the Australian Government protect children from being born with a preventable lifelong disability by establishing a national public awareness campaign over four years to raise awareness about the risks of drinking alcohol during pregnancy.
24. That the Forum on Food Regulation, at the June 2018 meeting, agrees to task Food Standards Australia New Zealand, to immediately implement mandatory pregnancy warning labels on all alcohol products.
25. That the Australian Government fund a nation-wide public education campaign to highlight the harms associated with alcohol consumption and strategies that individual can use to minimise their risk.
26. That state and territory governments introduce mandatory alcohol education for high school students that is integrated with school curriculums.
27. That the Australian Government initiate a formal review of the drug education principles with the aim of providing schools with best practice advice based on the current scientific literature.
28. That the Australian, state and territory governments recognise the value of the Good Sports program in reducing risky drinking and alcohol-related harm and recommend its adoption by all community sporting clubs.
29. That the MDAF review and assess the progress in implementing the National Alcohol Strategy after the first three years.

## The case for an effective National Alcohol Strategy

Alcohol harm is not a new problem. In 1977 the Senate Standing Committee on Social Welfare released its report, *Drug Problems in Australia – an intoxicated society?*<sup>6</sup> The report is often referred to as the Baume Report since the Committee was chaired by Dr Peter Baume, a physician and then Senator for New South Wales (NSW). The Baume Report is recognised as a landmark report by many. For the first time, it highlighted Australia’s problems with alcohol and tobacco in the context of overall drug use. In relation to alcohol, the report stated that it “now constitutes a problem of epidemic proportions”, concluding that in light of the extent of the problem “any failure by governments or individuals to acknowledge that a major problem — and potential national disaster — is upon us would constitute gross irresponsibility”.<sup>7</sup>

The Baume Report made 37 alcohol-specific recommendations, many of which had a focus on prevention as the term is now broadly understood. Of these recommendations, one called specifically for the Australian Government to “develop and announce a specific policy on alcohol and alcohol abuse”.<sup>8</sup> Since the release of the Baume Report in 1977, there have been three national policies or strategies specifically focused on alcohol in Australia.

Despite this, a recent report by FARE assessing progress against the 37 alcohol-specific recommendations contained in the Baume Report, demonstrates limited substantive progress has been made in alcohol policy over the last 40 years.<sup>9</sup> While a majority of the recommendations remain relevant today, only 12 were implemented in full, some action was taken against 16, and no progress was made against nine. Action on drink-driving countermeasures stands out as the most successful area. Little progress has been achieved against ‘control’ areas of the price, promotion and availability of alcohol, these being assessed by the World Health Organization (WHO) as being most effective in reducing alcohol harm. Lack of policy action in these key ‘control’ areas is contributing to the high levels of alcohol harm outlined in the Consultation Draft.

Governments at all levels have been introducing policies and funding programs in a piecemeal approach without any common goal or target.

The fact that Australia has been without a National Alcohol Strategy since 2011, demonstrates an urgent need for Australia to develop and implement a National Alcohol Strategy that is actually going to achieve change. This is all the more critical given the new National Alcohol Strategy will span a period of eight years.

This strategy must also reflect and fulfil Australia’s commitment to a number of international agreements which, as outlined in the Consultation Draft, includes the WHO’s *Global strategy to reduce harmful use of alcohol*,<sup>10</sup> the *Global action plan for the prevention and control of noncommunicable diseases 2013-2020* (WHO’s Global Action Plan for NCDs),<sup>11</sup> and the United Nations *2030 Agenda for Sustainable Development Goals*.<sup>12</sup> Development of an effective National Alcohol Strategy is all the more important given Institute for Health Metrics and Evaluation (IHME) data indicates Australia is not on track to meet the Sustainable Development Goals target for alcohol.<sup>13</sup>

## Overarching issues with the Consultation Draft

NAAA and FARE acknowledge that the Consultation Draft has incorporated some feedback from the public health sector. We are pleased to see that the 'Priority areas of focus' and their corresponding 'Opportunities for action' include evidence-based measures that have proven to be effective in preventing and minimising alcohol harm. However, the Consultation Draft remains problematic as it lacks detail on implementation. NAAA and FARE are concerned that:

- The inclusion of the 10 per cent reduction in harmful alcohol consumption target is not ambitious enough.
- There are no clear recommendations for action, just a 'recipe book' of optional measures that could be implemented.
- There is no detail on how a National Alcohol Strategy will actually be implemented, including timeframes for action.
- The accountability mechanisms are absent meaning there is no requirement for governments to commit to undertaking meaningful action.
- There is a failure to acknowledge that effective alcohol control is a shared responsibility that requires governments to work collaboratively to achieve specific goals.
- It fails to recognise the range of ways the alcohol industry currently influences national alcohol policy, including through the provision of political donations, the direct lobbying of parliamentarians, and participation in parliamentary inquiries.

## Towards an effective National Alcohol Strategy that achieves change

To effectively prevent and minimise alcohol harm, a National Alcohol Strategy must contain clear priorities, commitments, timeframes and accountability mechanisms. Given Australia has lacked national strategic direction in alcohol policy since 2011, we cannot afford to have an eight-year strategy that seems to say the right things but does not end up achieving anything.

In the context of discussing challenges faced by the British Civil Service, former British Prime Minister Tony Blair said in 2004 "The principal challenge is to shift focus from policy advice to delivery. Delivery means outcomes".<sup>14</sup> Indeed, a policy or a strategy is only as effective as its implementation – "the act of translating policy into reality – so that intended benefits are realised."<sup>15</sup> The Australian National Audit Office's and the Department of Prime Minister and Cabinet's 2014 Best Practice Guide, *Successful Implementation of Policy Initiatives*, outlines the following implementation considerations:

- Strong and ongoing leadership is critical, regardless of whether the policy and its implementation sits with one entity or involves several.
- There are essential capabilities and preconditions for implementation to succeed that involve an inclusive approach, sound processes, the effective use of resources and the consideration of implementation at every stage of policy development.
- The identification and management of risk is not a "one-off" exercise, but a key element that is required at all stages of policy development and implementation.

- Policies and programs, when implemented, require active management to be successful, and this involves: measurement, analysis, consideration of feedback and complaints, evaluation and review, calibration and adjustment.<sup>16</sup>

It is with this in mind that NAAA's and FARE's submission has been developed. The Consultation Draft is quite clear about effective evidence-based measures for preventing and minimising alcohol harm. The issue is more about how implementation is going to occur.

NAAA and FARE have identified four key areas that will need to be addressed if the new National Alcohol Strategy is to fulfil its potential. Change will only be achieved with a commitment to evidence-based policy action by the Ministerial Drug and Alcohol Forum (MDAF) and the adoption of a systematic approach to the implementation of policy priorities. This will require:

- a proven strategic framework with a focus on achievable policy action
- an accountability system to monitor progress, backed by measurable performance indicators
- agreement about realisable policy interventions that can be jointly worked on by all governments, and
- a commitment to review implementation of progress after the first three years.

## **1. Adopt the National Road Safety Strategy 2011-2020 frame as a model for the new National Alcohol Strategy**

Australia is considered a 'success story' and world leader in the area of road safety. Over the last 30 years, annual road crash fatalities have decreased by 53.3 per cent, with reductions varying from 9.4 per cent for Western Australia to 75 per cent for the Australian Capital Territory.<sup>17</sup> Australia's success in this area is attributed to a combination of a range of factors including political will and leadership, the introduction of key traffic safety measures, strong legislation and enforcement with swift and certain sanctions, and public awareness campaigns.<sup>18</sup> When looking at how Victoria managed to halve deaths from road crashes between 1989 and 2004, additional success factors included having an evidence-driven strategy with accountability mechanisms, and integration and coordination across implementing agencies.<sup>19</sup>

However, as the latest annual road trauma statistical summary and the current *Inquiry into the National Road Safety Strategy 2011-2020*<sup>20</sup> demonstrates, there are dangers with becoming complacent. Despite a rate of decline over the last decade, annual road crash deaths increased by six per cent between 2015 and 2016, from 5.06 annual deaths per 100,000 population in 2015 to 5.37 annual deaths per 100,000 population in 2016.<sup>21</sup> This reiterates the importance of the implementation process, particularly active management and an ongoing commitment to the cause, even when effective policies or strategies exist.

Notwithstanding the above, it seems relevant to learn from the approach of Australia's national road safety strategies given Australia's overall success in this area over the last few decades. Australia's first National Road Safety Strategy was established by federal, state and territory transport ministers in 1992, and provided a framework for national collaboration on road safety improvement that has evolved over the last two decades.<sup>22</sup> NAAA and FARE recommend the MDAF adapt and build on the National Road Safety Strategy 2011-2020 approach for the National Alcohol Strategy. Key elements are described below.

## Ambitious overarching target/s

The Consultation Draft includes a 10 per cent reduction in harmful alcohol consumption target. This appears to be taken from the goal for alcohol in the WHO's Global Action Plan for NCDs,<sup>23</sup> with further specification around what is meant by 'harmful consumption' – that is – linked to the National Health and Medical Research Council's (NHMRC) 'lifetime risk' and 'single occasion risk' alcohol guidelines.<sup>24</sup>

While inclusion of a 'target' in the Consultation Draft is welcome, it is not ambitious enough. When looking at the National Road Safety Strategy 2011-2020, it states that:

*The targets set for this strategy are intended to strike a balance — reflecting the evidence about what can realistically be achieved in the next ten years, but also presenting a significant challenge that will require commitment and innovation.*<sup>25</sup>

The same approach to setting an overarching target for the National Alcohol Strategy should also be taken.

A 10 per cent reduction in harmful alcohol consumption does not strike a balance between what is realistically achievable and what presents a 'challenge'. It is too modest by the standards of other public health goals for optional behaviour that involves risks. For example, when looking at the WHO's Global Action Plan for NCDs, it is among the less ambitious goals for major noncommunicable disease risk factors. In addition, the range and magnitude of alcohol harm, a summary of which is outlined in the Consultation Draft, warrants adoption of a more ambitious target.

For this reason, NAAA and FARE recommend this overarching target align with the Australian Health Policy Collaboration (AHPC) Health Tracker 2025 target of a 20 per cent reduction in harmful use of alcohol with regard to:

- per capita consumption
- heavy episodic drinking
- alcohol-related morbidity and mortality.<sup>26,27</sup>

This 20 per cent target, measures and associated indicators are part of a suite of chronic disease health targets developed through a national collaboration of public health and chronic disease (also known as noncommunicable disease) organisations and experts in 2015. More information about these targets, measures and associated indicators can be found in the AHPC's *Australia's Health Tracker Technical Appendix, Second Edition*.<sup>28</sup>

## Recommendation

1. That the National Alcohol Strategy 2018-2026 include an overarching target that aligns with the Australian Health Policy Collaboration (AHPC) Health Tracker 2025 target of a 20 per cent reduction in harmful use of alcohol with regard to:
  - per capita consumption
  - heavy episodic drinking
  - alcohol-related morbidity and mortality.

## Mechanisms that facilitate shared responsibility and leadership

Action is required across all levels of government to prevent and minimise alcohol harm. This is because responsibility for alcohol policy is split across different levels of government, departments and agencies. While alcohol harm is a health issue, addressing this issue requires collaboration beyond the health portfolio.

While the Consultation Draft mentions the need for a ‘cross-agency’ response, it fails to mention two Australian Government agencies that can actually make a difference in preventing and minimising alcohol harm: The Treasury and the Department of Communications and the Arts. Similarly, representatives from such agencies are not represented in the COAG Governance diagram (page 25), nor is local government or state and territory regulators who have responsibility for determining how, when and where alcohol is sold and promoted at the jurisdictional level. State and territory regulators must be active players in implementing the National Alcohol Strategy given the way alcohol is regulated has a range of implications.

To achieve change, the National Alcohol Strategy must include mechanisms that require all relevant governments, departments and agencies to work collaboratively and commit to undertaking specific actions within a specific timeframe. The obvious need for coordination should not obscure the fact that for many issues, one level of government has a primary responsibility for leading action. For example:

- *Alcohol taxation:* the Australian Government has primary responsibility, although states and territories may take on peripheral responsibility in areas such as minimum unit prices.
- *Advertising and promotion:* the Australian Government has primary responsibility for media advertising, although state/territory and local governments may also play a role, for instance with respect to advertising on buses and sports grounds.
- *Time of sale:* state and territory governments have primary responsibility, but local government has some ability to act within the state’s parameters and liquor licensing regulators have responsibility for enforcement.
- *Number and locations of licences:* responsibility is shared between state/territory and local governments, although the state often controls the freedom of action of local governments.

Strong and ongoing leadership is critical to effective implementation, and governments, departments and agencies should not use collective governance as an excuse to avoid exercising primary responsibility. Specific actions for implementation should be clearly outlined in the National Alcohol Strategy and should be accompanied by identification of the level of government, department and/or agency with primary responsibilities for leading implementation. Other relevant collaborating entities should also be identified for each specific policy action. For example, while The Treasury has primary responsibility for leading implementation of alcohol taxation at the Australian Government department level, it must collaborate on this matter with the Department of Health.

## Recommendation

2. That the National Alcohol Strategy 2018-2026 includes mechanisms that facilitate shared responsibility and leadership for undertaking specific actions. As a minimum, specific actions for implementation should be clearly outlined in the strategy. Each action should be accompanied by:

- the identification of the level of government, department and/or agency with primary responsibilities for leading implementation
- the identification of other relevant collaborating agencies.

### **A staged approach to implementation with priority actions**

While the Consultation Draft includes evidence-based measures that have been proven to be effective in preventing and minimising alcohol harm, it must be transformed from a ‘recipe book’ of measures to a results-focused strategy with clear commitments to action. Given the National Alcohol Strategy will cover eight years, a staged approach to implementation, should be introduced. Each of the four priority areas should include two levels of specific actions:

- ‘Initial actions’ – priority actions to be implemented in the first three years of the strategy. These reflect specific commitments to action that may serve as stepping-stones for achievement of longer-term policy goals.
- ‘Future actions’ – specific longer-term initiatives that will be given further consideration as the strategy progresses.

The development of ‘initial actions’ and ‘future actions’ should build on the experience of a similar approach implemented as part of the National Road Safety Strategy 2011-2020. In 2015, Austroads’ undertook a review of National Road Safety Strategy 2011-2020 including implementation of the “First Steps” agenda (actions to be implemented during the first three years of the strategy).<sup>29</sup> The review identified two main barriers to completing the review of the “First Steps” agenda:

*firstly many of the fifty-nine actions in the “First Steps” agenda were couched in general language and had no obvious measure of success and secondly some of the actions involved major changes to funding or legislation and would not be expected to be completed in the relatively short time since the strategy was released.<sup>30</sup>*

In relation to the “First Steps” and “Future Steps” agenda, the review recommended that the next action plan include “a clear statement of implementation and parameters of success for each identified action” (recommendation 2), and clearly outline which level of government or entity has responsibility for implementing each action (recommendation 3).<sup>31</sup>

Learning from the above, the National Alcohol Strategy ‘initial actions’ and ‘future actions’ must be specific, achievable within the specified timeframe, accompanied by clear measures of success, and outline who has primary responsibility for implementing each action. Clear measures of success should be part of the broader monitoring and evaluation framework that underpins the strategy. In addition to key targets, measures and indicators, this framework should also include a commitment to report on delivery of ‘initial actions’ by the end of 2021.

Careful consideration should be given to mechanisms that will lead to the accomplishment of the agreed ‘initial actions’. These need to be specified in the National Alcohol Strategy.

### **Recommendations**

3. That the National Alcohol Strategy 2018-2026 include a staged approach to implementation, with each of the four priority areas including two levels of specific actions:
  - ‘Initial actions’ – priority actions to be implemented in the first three years of the strategy.

- ‘Future actions’ – specific longer-term initiatives that will be given further consideration as the strategy progresses.
4. That the National Alcohol Strategy 2018-2026 include ‘initial actions’ and ‘future actions’ that are specific, achievable within the specified timeframe, accompanied by clear measures of success, and outline who has primary responsibility for implementing each action.
  5. That the National Alcohol Strategy 2018-2026 include a commitment to report on delivery of ‘initial actions’ by the end of 2021.

### **Independent and transparent policymaking processes**

It is well accepted that the alcohol industry has a vested interest in alcohol policy development and implementation.<sup>32</sup> Its financial success is dependent on the consumption of alcohol – the more alcohol consumed, the larger the profits of the industry. Evidence suggests that alcohol harm is directly associated with the amount that is consumed. For this reason, industry profitability is in direct conflict with the health and wellbeing of the population.

WHO has stated, in the clearest possible terms, that alcohol policy development should be free from industry influence. Dr Margaret Chan, then Director General of the WHO, stated that “In WHO’s view, the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests”.<sup>33</sup> Despite this, the alcohol industry has significant influence in alcohol policy development both in Australia and internationally.

While NAAA and FARE note that the new Alcohol Reference Group will not involve alcohol industry representatives, the Consultation Draft fails to recognise the range of ways the alcohol industry currently influences national alcohol policy. This includes the influence applied through political donations, lobbying against evidence-based policies and co-opting policy makers in an effort to secure private and business outcomes ahead of the public interest. In addition to directly influencing outcomes, corporate political donations assist corporations to influence policy decisions through other means as well. For example, corporate political donations provide access to politicians, establishing relationships that may later be used. According to the Australian Government Lobbyists Register, there are 43 direct and 23 in-direct alcohol industry lobbyists, a significantly higher number than the gambling industry (31 direct and 16 in-direct), junk food industry (33 direct and 13 in-direct), and the tobacco industry (20 direct and 14 in-direct).<sup>34</sup>

Given the alcohol industry’s vested interests, consideration should be given to implementing specific actions that enable independent and transparent national alcohol policymaking processes. This should include establishing appropriate measures to safeguard against the influence of political donations from the alcohol industry.

### **Recommendations**

6. That the new National Alcohol Strategy maintain the position outlined in the Consultation Draft that “Australia does not support any ongoing role for industry in setting or developing national alcohol policy” (page 24).
7. That Australian, state and territory governments as a matter of priority, ban all donations from the alcohol industry including donations from producers, retailers (on and off-licence venues) and associated member organisations and lobbyists.

## 2. Adopt a system of strong accountability measures to monitor progress

The National Alcohol Strategy must be underpinned by a system of strong accountability measures to monitor progress. While NAAA and FARE note the inclusion of ‘Measures of Success’ in the Consultation Draft (page 26), these are insufficient to effectively monitor progress towards preventing and minimising alcohol harm. An effective monitoring system needs to set targets that specify reductions in alcohol harm as well as patterns and levels of alcohol consumption.

The current system of measuring trends in alcohol harm for Australia and its jurisdictions is not fit for purpose. In the early 2000s, federal funding of the National Alcohol Indicators Project (NAIP) was a good start to developing a monitoring system. But specific funds for this purpose have decreased substantially resulting in the NAIP not having the resources to make further progress, or the authority with various governmental agencies that have responsibility for collecting alcohol-related data. As a result, there has been no ongoing compilation of statistics as evident by the varying ‘baseline’ years for the indicators listed under ‘Measures of Success’. Ideally, the ‘baseline’ year for a strategy should coincide with the commencement date of a strategy.

### Development of a reporting framework within three years

Strengthening monitoring measures should be a key focus of the National Alcohol Strategy. The National Alcohol Strategy should state that the MDAF commit to resourcing and rebuilding Australia’s monitoring system for alcohol across the course of the strategy. As a first step in this process, the National Alcohol Strategy should state that governments, in collaboration with the Alcohol Reference Group, develop a reporting framework during the first three years of the strategy that:

- At a minimum, initially includes measures, indicators and targets that align with the AHPC’s Health Tracker 2025 proposed measures, indicators and targets for alcohol. For more information, please see the AHPC’s *Australia’s Health Tracker Technical Appendix, Second Edition*<sup>35</sup> and *Australia’s Health Tracker Overview, November Second Edition*.<sup>36</sup> Please note that the 2025 targets may change based on the most current Australian data.
- Incorporates additional measures, indicators and targets aimed at reducing rates of alcohol-related harm. Consideration should be given to incorporating measures relating to problems with drinking, problems from other’s drinking, alcohol-related domestic and non-domestic assaults and violence, alcohol-related chronic disease, alcohol-related injury, and child protection.
- For each ‘initial action’ and ‘future action’, includes clear measures of success and timeframes for implementation.
- As previously outlined in Recommendation 1E, includes a commitment to report on delivery of ‘initial actions’ by the end of 2021.
- Requires presentation of an annual report to the MDAF documenting progress in implementing this strategy.

This first step should be seen as an interim measure and part of a broader process aimed at strengthening Australia’s data collection in this area over the course of the National Alcohol Strategy. This process should aim to work towards the adoption and application of nationally consistent data collection standards for alcohol-related data.

Adopting these targets and monitoring progress against the actions will contribute to closing the 20 year treatment gap. In Australia there is almost a 20 year lag between someone developing an alcohol use disorder and first seeking treatment.<sup>37</sup>

## Recommendations

8. That the MDAF commit to resourcing and rebuilding Australia's monitoring system for alcohol across the course of the strategy.
9. That Australian, state and territory governments, in collaboration with the Alcohol Reference Group, develop a reporting framework during the first three years of the strategy that:
  - At a minimum, initially includes both indicators and targets that align with the AHPC's Health Tracker 2025 proposed targets and indicators for alcohol.
  - Incorporates additional indicators and targets aimed at reducing rates of alcohol-related harm.
  - For each 'initial action' and 'future action', includes clear measures of success and timeframes for implementation.
  - Includes a commitment to report on delivery of 'initial actions' by the end of 2021.
  - Requires presentation of an annual report to the MDAF documenting progress in implementing this strategy.

## Collection of alcohol sales data and 'last drinks' data at hospital emergency departments

To further strengthen the reporting framework during the first three years of the strategy, the National Alcohol Strategy should also include specific actions around the collection of sales data and 'last drinks' data at hospital emergency departments.

### *Sales data*

Alcohol sales data is the World Health Organization's gold standard recommendation for measuring alcohol consumption within communities.<sup>38</sup> General self-reports of consumption routinely understate actual consumption, and the degree of understatement may vary across time. Alcohol sales data are information collected from either retailers or wholesalers on the volume of specific alcoholic beverage types sold; to the public (in the case of retailers) or to retailers (for wholesale sales data).<sup>39</sup> Reliable alcohol sales data provides valuable health information on consumption levels and patterns.<sup>40</sup>

While the collection and monitoring of alcohol sales data has improved, many challenges remain which are limiting the effective use of this data. This includes the integrity of this data given state-wide wholesale data is currently not collected consistently and by all jurisdictions across Australia. The Northern Territory, Queensland, Western Australia, Victoria and the Australian Capital Territory all collect state-wide wholesale alcohol sales data, although reporting quality varies.<sup>41</sup> While the South Australian Government committed to introducing similar collection methods in November 2016,<sup>42</sup> it is yet to do so, and New South Wales continues to resist calls to collect this data.

This situation must change as lack of nationally consistent wholesale data makes it difficult to measure relative alcohol consumption and harm, develop responsive policies, effectively allocate public resources, and monitor and evaluate policies and programs.<sup>43</sup> NAAA and FARE recommend that in addition to all states and territories collecting sales data, a consistent system of data collection from

wholesalers and producers should be implemented across all jurisdictions. A nationally consistent system should be modelled on the approach outlined in the Centre for Alcohol Policy Research's paper at Attachment 2, *Understanding alcohol sales data in Australia*.<sup>44</sup>

### **'Last drinks' data**

'Driving Change: Using emergency department data to reduce alcohol-related harm' is a five-year violence reduction project funded by the NHMRC.<sup>45</sup> Led by Deakin University's Centre for Drug Use, Addictive and Anti-social behaviour Research (CEDAAR), this project aims to reduce alcohol-related injury in the community through a randomised trial in eight emergency departments in Victoria, New South Wales and the Australian Capital Territory. A key aspect of the project is the introduction of mandatory 'last-drinks' data collection within existing hospital IT systems for triage/clinician follow-up.

'Driving Change' is based on the 'Cardiff Model for Violence Reduction' which has been running in the United Kingdom in similar forms for almost a decade. The 'Cardiff' Model contributed to substantial reductions in assault and injury in the city of Cardiff, and has now been introduced in more than 80 per cent of the United Kingdom's emergency departments.

The National Alcohol Strategy should also require all states and territories to build on the findings of the 'Driving Change' research project and commit to recording the drug and alcohol intake and place of last drinks, of patients presenting to hospital emergency departments. To enable the effective use of this data, a nationally consistent approach to collecting this data should be adopted by all jurisdictions.

### **Recommendations**

10. That the governments of South Australia and New South Wales immediately commence collection of state-wide wholesales and producer alcohol sales data at the transaction level detailing alcohol type, volume and cost, as well as the purchasers' retail licence number.
11. That within the first three years of the National Alcohol Strategy, a nationally consistent system of data collection from wholesalers and producers is implemented and modelled on the approach outlined in the Centre for Alcohol Policy Research's paper, *Understanding alcohol sales data in Australia*.
12. That state and territory governments build on the findings of the 'Driving Change' research project and commit to recording the drug and alcohol intake and place of last drinks, of patients presenting to all hospital emergency departments.

## **3. Prioritise and commit to implementing the following activities in the first three years**

In order to transform the Consultation Draft from a 'recipe book' of measures to a results-focused strategy with clear commitments to action, NAAA and FARE propose that governments, departments and agencies commit to implementing the following 'Initial actions' by 2021. The 'initial actions' to be implemented during the first three years of the strategy are identified below for each of the four priority areas.

NAAA and FARE also recommend that the National Alcohol Strategy prioritise a prevention approach and elevate 'Priority 2: Managing availability, price and promotion' to Priority 1.

## Priority 1 – Managing availability, price and promotion

### *Price – alcohol taxation system*

Evidence demonstrates that taxation is not only the most effective alcohol harm prevention measure,<sup>46</sup> it may also be the most efficient.<sup>47</sup> In addition to reducing harmful consumption, a well-designed alcohol tax system minimises economic externalities by holding the alcohol industry more accountable for public expenses associated with its operation. This facilitates more efficient market operation and optimises outcomes for all Australians.

Despite this, Australia’s current alcohol taxation system is a convoluted mix that applies different approaches to different products. Unlike beer and spirits, the tax on wine and cider is applied relative to their value.<sup>a</sup> In particular, the tax is levied at a rate of 29 per cent of the wholesale price of wine and cider under the Wine Equalisation Tax (WET). Consequently, premium (high value) wine and cider products pay significantly more tax than cheap bulk wine, and the rate of tax on cheap wine is considerably less per unit of alcohol than other alcohol products such as beer and spirits.

In 2004, the WET Rebate subsidy was introduced to support small wine producers in rural and remote areas who were disadvantaged by the WET. The WET Rebate entitles wine producers to a rebate of 29 per cent of the wholesale value of eligible domestic sales, up to a maximum of \$500,000 each financial year.<sup>48</sup> In effect, this represents a rebate on tax remitted under the WET. From 1 July 2018, the maximum value that may be claimed under the WET Rebate will reduce to \$350,000 per annum.<sup>49</sup> However, with the addition of a new Wine Tourism and Cellar Door grant of \$100,000 per annum, the level of subsidy will remain largely unchanged.

The National Alcohol Strategy must include the following three ‘initial actions’ aimed at reforming the alcohol taxation system. The first is that the Australian Government agree in principle to introducing a volumetric tax for wine and other fruit- and rice-based products. To date, at least 13 government reviews have concluded that wine should be taxed on a volumetric basis.<sup>b</sup> This includes reports at the Commonwealth level, as well as in several states and territories. Two reviews in particular provide strong evidence of the harms associated with the WET and present compelling cases for its reform. This includes the Australia’s Future Tax System review (Henry Review), published in 2010, and the most recent five-year productivity review by the Productivity Commission, published in 2017.

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<sup>a</sup> It is worth noting that no tax is applied to alcohol products that are exported.

<sup>b</sup> Reviews that have supported implementation of a volumetric tax on wine:

- the 1995 Committee of inquiry into the wine grape and wine industry
- the 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse
- the 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption
- the 2009 National Preventative Health Taskforce report on *Preventing alcohol related harms*
- the 2010 Australia’s future tax system (Henry Review)
- the 2010 Victorian inquiry into strategies to reduce assaults in public places
- the 2011 Western Australia *Education and Health Standing Committee inquiry into alcohol*
- the 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price for alcohol, draft report*
- the 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price for alcohol, final report*
- the 2014 House of Representatives report on the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*
- the 2017 Interim Report on the Effect of red tape on the sale, supply and taxation of alcohol
- the 2017 Northern Territory *Alcohol Policies and Legislation Review - Final Report*
- the 2017 Productivity Commission *Shifting the Dial: 5 year productivity review*

In addition, the 2017-18 Mid-Year Economic and Fiscal Outlook (MYEFO) identified that alcohol tax revenue, as a proportion of both Gross Domestic Product and total Australian Government revenue, is forecast to reduce over forward estimates. In part, this will be driven by continued reduction in consumption of beer and spirits in favour of wine. Given that the effective rate of tax on cheap wine is considerably less than rates applied to beer and spirits, this trend will contribute to erosion of the alcohol tax base which is concerning given the high costs associated with alcohol harm. With increasing pressure on Government budgets, this provides further support to implementing a consistent volumetric tax on alcohol and abolition of the WET.

To assist with transitioning to a volumetric system for all alcoholic products, the MDAF should establish a specific purpose intergovernmental taskforce, to be advised by eminent economists, taxation and public health experts, for the purpose of providing advice on reform of taxes on alcoholic beverages. This taskforce should be responsible for overseeing preparation of a Green Paper on alcohol pricing (taxation and minimum unit prices) reform options that as a minimum, includes identification of options for transitioning to a volumetric system for all alcoholic products, and the need for a floor price on alcohol. Rather than providing a case for the need for reform, something that has already been done, a Green Paper would focus on outlining the necessary policy implementation considerations for alcohol taxation reform.

## **Recommendation**

That the National Alcohol Strategy 2018-2026 include the following ‘initial actions’:

13. That the Australian Government agree in principle to introducing a volumetric tax for wine and other fruit- and rice-based alcoholic products.
  - That the MDAF establish a specific purpose intergovernmental taskforce, to be advised by eminent economists, taxation and public health experts, for the purpose of providing advice on reform of taxes on alcoholic beverages.
  - That this taskforce oversees preparation of a Green Paper on alcohol pricing (taxation and minimum unit prices) reform options that as a minimum, includes identification of options for transitioning to a volumetric system for all alcoholic products, and the need for a floor price on alcohol.

### ***Price – minimum unit price***

Pricing measures are among the most effective in reducing the harm associated with alcohol consumption.<sup>50,51,52,53</sup> Despite evidence demonstrating that taxation is the most effective alcohol harm prevention measure,<sup>54</sup> the Australian Government’s resistance to reforming the defective alcohol taxation system has led to availability of excessively cheap alcohol. Cheap prices encourage higher levels of consumption including heavier drinking, occasional drinking, and underage drinking. This results in higher levels of alcohol harm, affecting not just the drinker but their partners, children and communities.<sup>55</sup>

In the absence of taxation reform, the National Alcohol Strategy must include an ‘initial action’ requiring state and territory governments to introduce a minimum unit price for alcohol. A minimum unit price sets a price below which a standard unit<sup>a</sup> of alcohol cannot be sold. The heaviest drinkers, those most at risk of short- and long-term harm, disproportionately consume cheap alcohol.<sup>56,57</sup> Targeting the availability of these products, minimum unit pricing is associated with

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<sup>a</sup> In Australia, a standard unit/drink is defined as 10 grams of ethanol. There are approximately 1.4 standard units in a 375ml can of full-strength beer and approximately 8 in a 750ml bottle of red wine.

marked reductions in the quantity of alcohol consumed while limiting the impact on moderate consumers.

The success of this measure has been demonstrated overseas. A 10 per cent increase in the minimum price of alcohol in two Canadian provinces resulted in a reduction in alcohol consumption across all beverage types. Saskatchewan saw an 8.4 per cent<sup>58</sup> overall reduction in alcohol consumption and British Columbia a 3.4 per cent<sup>59</sup> reduction, with the difference in impact due to differences in the circumstances in which the measures were introduced and in the cost per standard drink in each province.

Most recently, national and international momentum has been building towards introduction of minimum unit pricing. The Northern Territory Government has given support in-principle to implementing a floor price on alcohol<sup>60</sup> and the Western Australian Government is also considering this option.<sup>61</sup> On 15 November 2017, the United Kingdom Supreme Court ruled that legislation passed by the Scottish Parliament in 2012 allowing for the introduction of minimum unit pricing, was lawful.<sup>62</sup> The Scottish Government plans to introduce minimum unit pricing for alcohol on 1 May 2018.

## Recommendation

That the National Alcohol Strategy 2018-2026 include the following 'initial action':

14. That state and territory governments introduce a minimum unit price for alcohol.

### Promotion

Australian and international research demonstrates that young people's exposure to alcohol advertising and marketing is associated with young people drinking more and from an earlier age.<sup>63,64,65</sup> Despite this, limited and ineffective regulatory controls are exposing millions of Australian children to alcohol advertising and marketing.

To protect children and young people from alcohol advertising, the National Alcohol Strategy must include the following two 'initial actions'. The first is ending the alcohol advertising exemption on commercial television (free to air) during children's viewing times. For commercial television, the placement of alcohol advertising is controlled under the *Commercial Television Industry Code of Practice* (The Code). The Code prohibits alcohol advertising with the exception of sports broadcasts, as an accompaniment to a live and non-live sports program on a weekend or public holiday, and also during M and MA15+ classification zones (except between 5am-6am and 7.30pm-8.30 pm).<sup>66</sup> This exemption is exposing children and young people to alcohol advertising given sporting events are often held or televised during times when they are likely to be watching or in attendance at the event. While the origins of this exemption can be traced back to 1970,<sup>67</sup> there does not appear to be a logical basis for its introduction.

The second is undertaking steps to establish nationally consistent, independent and legislated controls on all forms of alcohol advertising. Currently there are multiple advertising codes and rules governing the way alcohol is advertised. These codes and rules are predominantly self-regulated meaning that enforcement and complaints are handled by the advertising and alcohol industries, rather than independently by government. This is despite evidence demonstrating that self-regulation does not work.<sup>68,69</sup> This complex arrangement of self-regulatory codes means that there is no one body with responsibility for the content and placement of alcohol advertising. In addition, these codes and rules are failing to keep pace with changes in the way alcohol is increasingly being promoted, for example, through social media infrastructure such as Instagram and Snapchat.

To address these issues, nationally consistent, independent and legislated controls on all forms of alcohol advertising, must be established. A key component of a good regulatory system is one that has clear and consistent penalties for breaches. The current system is ineffective as it is convoluted and there are few, if any, penalties or sanctions for those who break the various provisions in the codes. Regulations should be flexible enough to cover new and evolving digital marketing and advertising methods and sanctions should be introduced for serious or persistent non-compliance.

A first step towards achieving this is establishment of an intergovernmental committee to undertake a review of alcohol advertising regulation across all forms of media. The review should include identification of options for transitioning towards nationally consistent, independent and legislated controls on all forms of alcohol advertising. As a minimum, this committee should include representatives from communications and health agencies.

## **Recommendations**

That the National Alcohol Strategy 2018-2026 include the following 'initial actions':

15. That the Australian Government agree to end the alcohol advertising exemption during children's viewing times on free to air commercial television.
16. That an intergovernmental committee be established to undertake a review of alcohol advertising regulation across all forms of media. This should include identification of options for transitioning towards nationally consistent, independent and legislated controls on all forms of alcohol advertising.

### ***Physical availability***

Physical availability of alcohol is influenced by a range of factors including: the hours and days of the week that alcohol can be sold; the location, number, density (concentration in a particular area) and type of alcohol outlets; and the range of alcohol products available for purchase. Increased availability of alcohol is associated with an increase in assault,<sup>70,71</sup> domestic violence,<sup>72</sup> road crashes,<sup>73</sup> child maltreatment,<sup>74</sup> and harmful consumption.<sup>75,76</sup> Despite this, there has been a rapid increase in the availability of alcohol over the last few decades, largely attributable to the application of National Competition Policy principles in the 1990s.

To address the availability of alcohol and reduce alcohol harm, the National Alcohol Strategy must include the following 'initial actions'. To ensure a consistent approach is implemented across jurisdictions, the MDAF, in conjunction with state and territory ministers and agencies responsible for liquor licensing regulation, should implement uniform minimum principles for liquor licensing legislation that limit the excessive availability of alcohol. To reduce alcohol-related violence, uniform principles should address the following four priority areas.

The first and second priority areas should focus on managing the density of liquor licences to reduce alcohol-related family and non-domestic violence. Measures should be implemented that both prevent areas from becoming saturated with liquor licences and reducing the excessive availability of alcohol in areas saturated with liquor licences. Alcohol consumption of both the perpetrator and the victim is a factor that contributes to physical violence.<sup>77</sup> This association has been recognised by the WHO and the Council of Australian Governments (COAG).<sup>78,79</sup> Research has shown that there is a strong association between family violence and the concentration of take-away liquor outlets (or off-premise licences) in an area.<sup>80</sup> Managing the density of liquor licences is one way state and territory governments can decrease the availability of alcohol and in doing so, reduce alcohol-related family violence.

The third priority area is the introduction of trading hour restrictions for both on- and off-licence venues to reduce the excessive availability of alcohol. There have been extraordinary increases in the trading hours for on- and off-sales of alcohol in Australia over the last half-century.<sup>81</sup> Research has shown that an increase in trading hours is associated with an increase in harms<sup>82</sup> and that alcohol-related assaults increase significantly after midnight.<sup>83, 84</sup> Australian and international research demonstrates that for every additional hour of trading, there is a 16-20 per cent increase in assaults and conversely, for every hour of reduced trading there is a 20 per cent reduction in assaults.<sup>85,86</sup>

In recent years, New South Wales and Queensland have introduced modest trading hour restrictions to reduce alcohol harm. In New South Wales, research identified a 45.1 per cent reduction in non-domestic assault in Kings Cross following the implementation of 3am last drinks (with a suite of other measures) in 2014.<sup>87</sup> In addition, a statistically significant 1.4 per cent reduction in non-domestic assaults across the state was observed since packaged liquor outlets were restricted to 10pm closes in 2014.<sup>88</sup> These examples highlight the effectiveness of restricting trading hours in reducing alcohol harm.

The fourth priority area is the introduction of a risk-based licensing fee system for all licence types that (as a minimum) offsets the cost of alcohol-related harm borne by government and the community. Risk-based licensing is an economic instrument that can be used to determine an appropriate level of regulation through risk and price signals. The higher the risk a premise poses to the community, the higher the licensing fees that premise is required to pay. Under a risk-based licensing system, licence fees are charged annually and are scaled according to risk. A risk weighting is applied on top of base fees, whereby the fee a venue pays escalates based on its potential risk to the community.

The Australian Capital Territory, Queensland, Victoria and New South Wales have all introduced risk-based licensing, although the approach does differ across jurisdictions. To offset the costs of alcohol-related harm, all states and territories should introduce a risk-based licensing fee system that at a minimum, calculates fees according to licence type, occupancy, trading hours, location, volume of gross liquor sold and number of licences owned by an operator.

## Recommendation

That the National Alcohol Strategy 2018-2026 include the following 'initial actions':

17. That the MDAF, in conjunction with state and territory ministers and agencies responsible for liquor licensing regulation, implement uniform minimum principles for liquor licensing legislation that limit the excessive availability of alcohol. To reduce alcohol-related violence, uniform principles should address the following four priority areas:

- Preventing areas from becoming saturated with liquor licences, by:
  - o reforming licence application processes to include as primary considerations the density of liquor licences in an area, the socio-economic status of the area, the existing levels of alcohol-related violence, and community views.
- Reducing the excessive availability of alcohol in areas saturated with liquor licences:
  - o by undertaking assessments of existing liquor licence density and levels of alcohol-related violence to determine whether areas are 'saturated' with liquor licences
  - o where an area is deemed to be saturated, introduce a liquor licence freeze.
- Introducing trading hour restrictions to reduce the excessive availability of alcohol, by:

- introducing a closing time of no later than 2am for on-licence venues (pubs, clubs or bars)
- limiting off-licence (packaged liquor) trading hours to between 10am and 10pm.
- Introducing a risk-based licensing fee system for all licence types that (as a minimum) offsets the cost of alcohol-related harm borne by government and the community.

## Priority 2 – Improving community safety and amenity

### *Harm minimisation as the primary object of liquor acts*

Alcohol is no ordinary commodity and aspects of the physical and social environment that contribute to alcohol harm should be subject to government regulation.<sup>89</sup> Australian governments have adopted a harm minimisation approach to addressing alcohol policy and regulation, with liquor licensing legislation being one of the key mechanisms available to states and territories to implement such an approach.

While harm minimisation is the primary “object” of liquor licensing legislation in some jurisdictions, in others it is one of several primary objects or one of a number of equally ranked objects.<sup>90</sup> In many cases “objects” of liquor licensing legislation contain competing objectives, ranging from harm minimisation objectives to those aimed at supporting development of the licensed hospitality and tourism industries. As Davoren and O’Brien (2014) argue, this has implications for how liquor licensing decisions are made.<sup>91</sup>

Alcohol causes considerable harm within the community and the National Alcohol Strategy must include the following two ‘initial actions’ to ensure that this is clearly reflected in the laws that govern the sale and supply of alcohol in each jurisdiction. The first is that state and territory governments must elevate harm minimisation as the primary object of liquor licensing legislation, whereby it is considered as a higher priority than all other objectives. This will remove uncertainty about the purpose of liquor licensing legislation and ensure such legislation prioritises public health and safety over all other objectives.

The second is that states and territories should clearly define harm in the objects of liquor licensing legislation to include the protection of children and prevention of family violence. This should be based on the *Liquor Licensing (Liquor Review) Amendment Act 2017* (Amendment Act) recently passed by the South Australian Parliament on 28 November 2017.<sup>92</sup> The South Australian Government has acknowledged the link between alcohol and family violence through amendments to the objects of the Liquor Act, with section 4 of the Amendment Act stating:

*“(1) The object of this Act is to regulate and control the promotion, sale, supply and consumption of liquor for the —(a) to ensure that the sale and supply of liquor occurs in a manner that minimises the harm and potential for harm caused by the excessive or inappropriate consumption of liquor;*

*(1a) For the purpose of section (1)(a), harm caused by the excessive or inappropriate consumption of liquor includes—*

- (a) the risk of harm to children, vulnerable people and communities (whether to a community as a whole or a group within a community); and*
- (b) the adverse economic, social and cultural effects on communities (whether on a community as a whole or a group within a community); and*
- (c) the adverse effects on a person's health; and*

*(d) alcohol abuse or misuse; and*

*(e) domestic violence or anti-social behaviour, including causing personal injury and property damage.”<sup>93</sup>*

This is the first time that an Australian jurisdiction has defined harm and considered family violence and the risk of harm to children within the objects of the Liquor Act. This is important because these objects are the overarching principles that guide licensing decisions and protect citizens from alcohol harms.

## **Recommendations**

That the National Alcohol Strategy 2018-2026 include the following ‘initial actions’:

18. That state and territory governments prioritise harm minimisation above all other considerations by elevating harm minimisation as the primary object of liquor licensing legislation, whereby it is considered as a higher priority than all other objectives.
19. That state and territory governments clearly define harm in the objects of liquor licensing legislation to include the protection of children and prevention of family violence.

### ***Liquor-licensing enforcement***

Enforcement of liquor legislation is equally as important as the legislation itself.<sup>94</sup> While states’ and territories’ liquor legislation have evolved over the last 40 years, major enforcement challenges continue to exist largely due to the substantial increases in numbers of licensed premises. As such, the National Alcohol Strategy must include an ‘initial action’ focused on strengthening implementation and enforcement of liquor licensing legislation across Australia.

A common finding concerning the operation of licensing authorities, both in official reports<sup>95</sup> and in research studies<sup>96</sup> is that enforcement of licensing requirements with direct application to alcohol-related harm, such as Responsible Service of Alcohol (RSA) requirements, is rare or lax. In Australia, all persons involved in alcohol service are required to complete RSA training. However, this training is only useful if it is applied fully and consistently by staff, and accompanied by appropriate enforcement mechanisms. Other enforcement challenges include ambiguity surrounding respective roles and responsibilities of licensing regulators and police in enforcing liquor legislation;<sup>97</sup> the reactive rather than proactive nature of licensing regulators’ compliance activities; and problems that stem from the fact that formal “objects” of liquor legislation contain competing harm minimisation and industry-focused objectives.

To assist with strengthening enforcement of liquor licensing legislation, state and territory governments should, as a minimum, introduce swift and certain sanctions for non-compliance with liquor legislation, as well as a compliance monitoring system, according to risk associated with licence type, that includes regular unscheduled visits.

## **Recommendation**

That the National Alcohol Strategy 2018-2026 include the following ‘initial actions’:

20. That state and territory governments strengthen enforcement of liquor licensing legislation relating to both off- and on-licence sale of alcoholic beverages. As a minimum this should include introduction of:

- swift and certain sanctions for non-compliance to act as a deterrent against liquor legislation breaches
- a compliance monitoring system, according to risk associated with licence type, that includes regular unscheduled visits.

### **Drink-driving**

Australia has been internationally recognised for playing a leading role in reducing alcohol harm from drink-driving.<sup>98</sup> One notable aspect of the approach in Australian jurisdictions has often been the coordinated approach to road crash reduction across state government departments,<sup>99</sup> often backed up by substantial state investment in monitoring and policy-oriented research.

However, statistics on drink-driving deaths show these have stabilised and in some instances, have increased in recent years; such deaths still constitute about 30 per cent of all Australian road crash deaths.<sup>100</sup> As previously discussed, annual road crash deaths increased by six per cent between 2015 and 2016, from 5.06 annual deaths per 100,000 population in 2015 to 5.37 annual deaths per 100,000 population in 2016.<sup>101</sup>

To ensure Australia continues to reduce drink-driving deaths, the National Alcohol Strategy must include an ‘initial action’ requiring state and territory governments to maintain and strengthen implementation and enforcement of drink-driving countermeasures. For Random Breath Testing (RBT) to be effective, best practice principles should be consistently monitored and maintained: it should be implemented jurisdiction wide and be random, strategically deployed, enforced, credible, publicised, and accompanied by targeted responses for recidivist drink-drivers.<sup>102</sup> Particular effort needs to be focused on ensuring that the locations and times of RBT by police remain frequent and unpredictable.

The Victorian Government has introduced legislation to cancel for at least three months the driver’s licence of any driver caught with a Blood Alcohol Level of .05 and above, and to require an interlock device (an electronic breath testing device linked to a vehicle’s ignition system) to be installed in their car for six months.<sup>103</sup> Legislation like this which strengthens the deterrence value of measures against drink-driving should be considered by other Australian jurisdictions.

### **Recommendation**

That the National Alcohol Strategy 2018-2026 include the following ‘initial actions’:

21. That state and territory governments maintain and strengthen implementation and enforcement of drink-driving laws and Blood Alcohol Concentration (BAC) limits, as well as strengthen public information concerning drink-driving countermeasures, as needed. As a priority jurisdictions should:

- ensure that frequent and Random Breath Testing programs are resourced and conducted
- consider adoption of administrative measures such as licence suspension and interlock requirements for all caught drink driving at .05 per cent or above.

### Priority 3 – Supporting individuals to obtain help and systems to respond

#### *Fetal Alcohol Spectrum Disorders (FASD)*

Children are directly affected by alcohol consumption during pregnancy through a series of disorders known as Fetal Alcohol Spectrum Disorders (FASD). FASD include a range of debilitating lifelong conditions that cause suffering by individuals and their families, and place significant burdens on the healthcare and judicial systems. Although the NHMRC's *Australian guidelines to reduce health risks from drinking alcohol* (Alcohol Guidelines) state that "for women who are pregnant or planning a pregnancy, not drinking is the safest option",<sup>104</sup> 44.4 per cent of women continue to consume alcohol while pregnant.<sup>105</sup>

To raise awareness of FASD and support people living with FASD and their families, the National Alcohol Strategy must include the following three 'initial actions'. The first is the release and implementation of the National FASD Strategic Action Plan. While the Australian Government has consulted with stakeholders on a draft, a final Action Plan has not yet been released. Once released, the Australian Government must immediately commence implementation of the Action Plan. It is important that parents and carers of those living with FASD are given the opportunity to assist with the design of any programs and activities under the Action Plan.

As part of the Action Plan, consistent funding should be provided with priority given to establishing FASD diagnostic services to improve diagnosis and the provision of support services to those living with FASD; and supporting parents and carers through funding and establishing support mechanisms. Ongoing funding is required for consumer advocates to help and support parents and carers of those living with FASD to navigate complex systems to access services.

It is also critical that the National FASD Strategic Action Plan is not viewed in isolation but within the context of the broader National Alcohol Strategy and other relevant systems. Strong linkages between the Action Plan and other relevant systems such as education, disability, social services, justice and out-of-home care should be established to further strengthen support for those living with FASD, their parents and carers.

The second 'initial action' which also integrates with the Action Plan, is the establishment of a national public awareness campaign over four years to raise awareness about the risks of drinking alcohol during pregnancy. Such a campaign must be targeted at both women and their networks given the National Drug and Alcohol Institute found that 77 per cent of women who drink alcohol throughout their pregnancy usually drink with their partner. Of these women, 40 per cent report that their partner usually initiates a drinking occasion.<sup>106</sup> In this study, the women who continued to drink low levels of alcohol throughout their pregnancy identified particular social benefits of drinking. This highlights the need for support from partners, family, and friends to be alcohol free and that this is likely to reduce the alcohol use of the woman who is pregnant.<sup>107</sup>

FARE has developed and coordinated two programs designed to reduce drinking during pregnancy and the harm this causes to unborn children. This includes the Pregnant Pause campaign, encouraging peer support for abstinence from alcohol while pregnant, and the Women Want to Know campaign, which targets primary healthcare professionals to ensure that women receive the best advice in relation to drinking while pregnant. The Women Want to Know program has secured ongoing funding, and the Pregnant Pause program is now set for national implementation following its successful operation for several years in the Australian Capital Territory. However, more funding is required to maximise the effectiveness of these campaigns and reduce the harm caused by alcohol to unborn children in Australia.

The third is implementation of mandatory pregnancy warning labels for all alcohol products. Despite strong recommendations by multiple government reviews that mandatory pregnancy warning labels be applied to alcohol products, no mandatory warnings exist. On a positive note, the November 2017 Forum on Food Regulation (FoFR) meeting made clear that several states (Western Australia, Victoria and the Australian Capital Territory) want to see the current voluntary scheme changed. FoFR is due to meet again in June 2018 to consider a policy options consultation paper on this matter.

The current alcohol industry voluntary consumer information messages, implemented as part of a four year trial, are not adequate in raising awareness about alcohol harm and are subject to misinterpretation. The second evaluation report by Siggins Miller on the current voluntary alcohol-scheme shows that just under half (47.8 per cent) of all alcohol products carry some type of pregnancy warning label. In addition, the evaluation's consumer survey component also revealed that the use of the colour green in the pictogram particularly confuses consumers about the risks of alcohol consumption during pregnancy as green is not considered a warning.

The latter finding is consistent with 2016 testing undertaken by the Health Promotion Agency of New Zealand of the DrinkWise labels. This research found that the DrinkWise text (*'It is safest not to drink while pregnant'*) in particular had most potential for misinterpretation, with 38 per cent of consumers believing that it "makes you think drinking a little alcohol while pregnant would be ok." This was compared to 22 per cent for the pregnant lady pictogram and 23 per cent for alternate text (*"Don't drink pregnant"*). These findings, in addition to those of Siggins Millers', highlights the need to develop a pregnancy warning labelling standard, determined and set by Food Standards Australia New Zealand, that specifies size, placement and wording of labels. Development of such labels should be part of a longer-term plan aimed at introducing mandatory health warning labels on all alcohol products and product packaging in Australia.

## Recommendations

That the National Alcohol Strategy 2018-2026 include the following 'initial actions':

22. That the Australian Government release and implement the National FASD Strategic Action Plan. Parents and carers of those living with FASD should be given the opportunity to assist with the design of any programs and activities under the Action Plan.
23. That the Australian Government protect children from being born with a preventable lifelong disability by establishing a national public awareness campaign over four years to raise awareness about the risks of drinking alcohol during pregnancy.
24. That the Forum on Food Regulation, at the June 2018 meeting, agrees to task Food Standards Australia New Zealand, to immediately implement mandatory pregnancy warning labels on all alcohol products.

## Priority 4 – Promoting healthier communities

### *Nation-wide public education campaign*

In Australia and internationally, social marketing campaigns have been effectively used to raise awareness of public health issues such as the harms associated with tobacco use and risks associated with drink-driving. These campaigns are more successful when well-funded, repetitive, and ongoing.<sup>108</sup>

While the community's perception of short-term alcohol harm is strong, there is poor community awareness about alcohol's longer-term impact and its connection to a range of chronic diseases. For

example, only 11 per cent of Australians are aware of the link between alcohol and breast cancer and 24 per cent are aware of the link with mouth and throat cancer.<sup>109</sup> Despite the low community awareness, there has been no national public awareness campaign targeted at reducing alcohol-related harm since Labor's 2008 *Don't turn a night out into a nightmare* campaign. In addition, there has never been a national campaign in Australia focused on alcohol's long-term harms.

To address this issue, the National Alcohol Strategy's 'initial actions' must include the funding of a nation-wide public education campaign to highlight the harms associated with alcohol consumption and strategies that individuals can use to minimise their risk. For a social marketing campaign to be effective it must be multi-faceted and use a range of media to promote its key messages. This includes broadcast media, digital media, and signage in and around licensed venues. The campaign should also be reinforced with more formal messaging in other settings, such as school-based educational programs.

It is also essential that a social marketing campaign has a clear target and message, and directly communicates alcohol's long-term harms along with the current NHMRC's Alcohol Guidelines.<sup>110</sup> Once the Alcohol Guidelines are updated, the campaign must clearly communicate the new guidelines to health professionals and the wider community so they understand how to minimise harm by drinking alcohol within the guidelines.

## **Recommendation**

That the National Alcohol Strategy 2018-2026 include the following 'initial action':

25. That the Australian Government fund a nation-wide public education campaign to highlight the harms associated with alcohol consumption and strategies that individual can use to minimise their risk.

### ***School-based alcohol education***

Young people are a vulnerable population group who are particularly susceptible to social and environmental influences. This puts them at increased risk of harm from alcohol. For example, Australian and international research demonstrates that young people's exposure to alcohol advertising and marketing is associated with them drinking more and from an earlier age.<sup>111,112,113</sup>

While the number of Australian teenagers aged 12-17 years choosing to abstain from alcohol is increasing (72 per cent in 2013 to 82 per cent in 2016),<sup>114</sup> those who drink do so at risky levels. The 2016 National Drug Strategy Household Survey found that 1.5 per cent of those aged 12-17 years and 15.3 per cent of those aged 18-24 years drink more than 11 drinks on a single occasion at least monthly.<sup>115</sup> Young people also continue to experience high levels of alcohol harm, with alcohol responsible for the majority of hospitalisations and deaths related to drugs for people aged 15 to 34 years.<sup>116</sup>

To address these issues and facilitate generational change, the National Alcohol Strategy must include the following two 'initial actions'. The first is requiring all states and territories to introduce mandatory alcohol education for high school students that is integrated with school curriculums. While just one part of a broader solution, schools can play a key role in educating children and young people about the harms associated with alcohol. However, such programs will only be effective if they incorporate best-practice elements, are well-resourced and sustained over time. Such approaches to school-based programs have not been the norm in the alcohol and other drug space,<sup>117</sup> with this, combined with the setting of unrealistic or inappropriate program objectives on which to base evaluations,<sup>118</sup> is likely contributing to the limited evidence base on alcohol-related school-based programs.<sup>119,120,121</sup>

Examples of school-based programs that have reported reducing alcohol and other drug use, as well as related harm, include Climate Schools and the School Health and Alcohol Harm Reduction Project (SHAHRP). Climate Schools, developed by the National Drug and Alcohol Research Centre (NDARC) and the University of New South Wales, provides curriculum-consistent alcohol and other drug health education courses that have been proven to reduce harm and improve student well-being.<sup>122</sup> A recent systematic review of 40 school-based alcohol education programmes identified it as one of three that had good evidence of a positive effect.<sup>123</sup> SHAHRP provided an extensive program of interactive activities for students in years eight and nine. While most students continued to drink at risky levels after the program, they were 23 per cent less likely to experience alcohol-related harm.<sup>124</sup>

The second ‘initial action’ is a review of drug education principles. Best practice drug education is most likely to be delivered to students when school administrators and teachers have access to the most up to date advice in an accessible manner. The current outline of best practice, *Principles of School Drug Education*<sup>125</sup> was published by the Commonwealth Department of Education, Science and Training in 2004. The principles should be reviewed in the light of drug education research findings since 2004 and the results disseminated to all schools.

## Recommendations

That the National Alcohol Strategy 2018-2026 include the following ‘initial action’:

26. That state and territory governments introduce mandatory alcohol education for high school students that is integrated with school curriculums.
27. That the Australian Government initiate a formal review of the drug education principles with the aim of providing schools with best practice advice based on the current scientific literature.

## Community based prevention

While most sporting clubs make a positive contribution to health and wellbeing, some have cultures that promote alcohol misuse, smoking and unhealthy foods, which impacts on their players, members and spectators. Local and international research has found that alcohol consumption among members of community sporting clubs is markedly higher than in the general community and ‘binge’ drinking is common.<sup>126,127,128,129</sup>

The potential negative impact of this sort of culture on children and young people when they are developing their views on what constitutes a healthy or ‘normal’ lifestyle is of concern. Research suggests clubs are keen to promote healthier behaviours, but often lack the confidence to implement the necessary changes.<sup>130</sup> This makes sporting clubs – often the centre of community life – an opportune environment for prevention.

To ensure sporting clubs promote health behaviour, the National Alcohol Strategy must include an ‘initial action’ that recognises the value of and promotes the Alcohol and Drug Foundation’s Good Sports program. This three-level accreditation program is the first primary prevention program in community sport in the world to be proven effective in reducing alcohol-related harm and positively influencing healthy behaviours. It is a preventive health initiative that is adopted voluntarily by community sporting clubs and it assists clubs to be healthier, safer and family friendly. The core Good Sports program has been helping community sporting clubs to control the use of alcohol for two decades.

A randomised control trial showed the Good Sports program reduces the likelihood of risky drinking by 37 per cent and alcohol related harm by 42 per cent in community sporting clubs that reach Level

three of the program.<sup>131</sup> The Good Sports program has also been proven to enhance club viability, with research finding that clubs that progress to the highest level of accreditation (Level three) have a significant increase in membership from Level one to Level three.<sup>132</sup> This study also found that membership increased by approximately 12 per cent with greater increases in females, juniors and non-playing members.

### **Recommendation**

That the National Alcohol Strategy 2018-2026 include the following 'initial actions':

28. That the Australian, state and territory governments recognise the value of the Good Sports program in reducing risky drinking and alcohol-related harm and recommend its adoption by all community sporting clubs.

## **4. Review progress in implementing the National Alcohol Strategy after the first three years**

Progress in implementing the new National Alcohol Strategy will be influenced by a range of factors. Nevertheless, a key feature of the new National Alcohol Strategy should be a commitment to public accountability for its delivery. After all, this is an eight year strategy with responsibility for implementation split across different levels of government, departments and agencies. Given the magnitude of alcohol harm and its wide-ranging impacts on individuals, families and communities, the public should have the right to know the extent to which this strategy is on track to meet its targets and achieve its aims.

To this end, it is critical that the MDAF commits to reviewing progress in implementing the National Alcohol Strategy after the first three years. Such a review should assess progress in implementing each of the actions listed under 'initial actions', as well as implementation of broader governance arrangements and the development of a monitoring and reporting framework for the strategy. Alcohol-related consumption and harm data should also be reviewed to identify any patterns and emerging trends.

The need to actively review, calibrate and adjust approaches are implementation considerations outlined in the Department of Prime Minister and Cabinet's 2014 Best Practice Guide, *Successful Implementation of Policy Initiatives*.<sup>133</sup> The review will provide an opportunity to calibrate and adjust, where required, the MDAF's approach to implementing the National Alcohol Strategy. It will also help to identify new initiatives that will help to support implementation of the next phase of the National Alcohol Strategy and the refinement of 'future actions'.

### **Recommendation**

29. That the MDAF review and assess the progress in implementing the National Alcohol Strategy after the first three years.

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