

SUBMISSION ON THE CONSULTATION DRAFT – NATIONAL ALCOHOL STRATEGY 2018-2026

**National Drug Research Institute
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RESPONDING TO ALCOHOL-RELATED HARM

Apart from caffeine, alcohol is the most widely used psychoactive drug in Australia. New research, unpublished at time of writing, shows that:

- an estimated 5,797 Australians older than 15 died of alcohol-attributable disease and injury in 2015, with one third of deaths caused by cancer, and that hospitalisations attributable to alcohol exceeded 144,000 in 2012-13, an average of 400 a day; and
- a 10 per cent decrease in per capital alcohol consumption is associated with a 3.3 per cent reduction in child mortality; the introduction of compulsory seatbelt legislation and random breath testing also reduced child mortality.

Other National Drug Research Institute (NDRI) research has shown, for example, that half of 14-19 year olds surveyed consumed 11 or more standard drinks per drinking session at least once a month; and that students who participated in an evidence-based school education program consumed 20 per cent less alcohol and were 19.5 per cent less likely to drink to harmful or hazardous levels.

Since its inception in 1986, NDRI has grown to employ about 30 research staff, making it one of the largest centres of drug research and public health expertise in Australia. It is a designated World Health Organization Collaborating Centre for the Prevention of Alcohol and Drug Abuse and a Curtin University Research Institute.

Members of NDRI's Alcohol Policy Research Team have a national and international reputation as leaders in research that prevents and reduces alcohol related harm, and NDRI has a substantial track record of winning highly-competitive grants in this area. NDRI researchers are widely published on the topic and their expertise is highly sought after, reflected in regular invitations to participate in policy groups and to present research findings. With specific relevance to this submission, the alcohol policy team conducts highly regarded ongoing projects that track trends in alcohol related harms, including deaths and hospitalisations, and alcohol consumption, such as National Alcohol Indicators (NAI), the National Alcohol Sales Data Project (NASDP) and Young Australians Alcohol Reporting System (YAARS).

GENERAL COMMENTS

NDRI believes that a widely supported, relevant and well-thought out National Alcohol Strategy (NAS) is critical to monitoring alcohol consumption in Australia and preventing and reducing the harms caused by alcohol.

While responses to specific points raised in the consultation draft are discussed below, NDRI supports several general principles outlined in the National Alcohol Strategy 2018-2026 Consultation Draft (draft). Key among these are:

- **Consistent, national focus:** The alignment of the NAS with the National Drug Strategy's focus on the principle of harm minimisation, and the three pillars of demand, supply and harm reduction, is supported and critical to the sustained success of the NAS.
- **Time frame:** An eight-year time frame for the NAS allows sustained implementation and evaluation of strategies to respond to alcohol-related harm. In addition, landmarks to monitor progress and creation of the Alcohol Reference Group to steer the strategy ensures it remains on-track while being able to respond to emerging trends.
- **Reference group:** Wide ranging representation on the reference group is supported, and NDRI agrees and supports that the alcohol industry not be eligible for membership of the

Reference Group – it is not appropriate for vested interest groups, or groups closely associated with them, to be involved in setting health policy. Therefore, such exemptions should extend to groups like DrinkWise, which has strong alcohol industry links.

- **Cross-agency approach:** As acknowledged in the draft, the consequences of alcohol use reach across all sectors of the community, making the draft's cross-agency approach, 'that includes health care, education, social services, liquor regulators, law enforcement, the justice system and local government', critical to the success of the NAS.

SPECIFIC RESPONSES

Priorities areas of focus

NDRI supports the areas of focus outlined in the draft, in particular the inclusion of managing availability, price and promotion, as outlined in Priority 2. Consistent national and international evidence indicates that increasing the physical availability of alcohol – e.g. numbers of outlets and hours of sale – is associated with increases in alcohol-related harm (e.g. violence, road crashes, general injuries) and other health consequences in the community. Studies, including Australian research, have found that the density of alcohol outlets in an area is positively associated with the rate of violence in that area, with similar patterns for other outcomes including road crashes and general injuries. Research evidence also suggests that higher liquor outlet density is associated with heavier drinking among young people. Any measures implemented to target alcohol availability and price should be sustained, targeted and evaluated.

NDRI supports the targeted focus on measures such as volumetric taxation and the resulting revenue being directed towards preventative health, and the statement that in balancing competing stakeholders 'ensuring the overarching aim of minimising alcohol-related harm and promoting and protecting health and wellbeing are met.' Elsewhere, NDRI believes the inclusion, for example, of measures to address repeat drink-driving and leveraging technology to reach 'hard-to-reach' populations are important. NDRI suggests, however, that the NAS should extend its focus across these priority areas in a number of specific ways.

Online marketing

Online marketing plays an increasing role in the advertising of alcohol. In 2009, the budget for online marketing of alcohol overtook that for television in the U.K. Priority 2 already notes that 94 per cent of minors report seeing television advertising of alcohol. Online advertising and alcohol social networking sites allow alcohol companies to get far greater engagement with (young) people. The current ABAC (2017) code purports to restrict access by minors to digital marketing. The effectiveness of the code in preventing access should be monitored, with external regulation and enforcement if it fails to prevent access by minors.

Furthermore in the area of online promotion of alcohol, the draft suggests that 'the new focus on social media...will need to be an issue that is monitored very closely over the lifespan of the Strategy'. This indicates that **social media** is an emerging or new phenomenon – this is not the case. Alcohol producers are already actively using social media to reach younger consumers, and further research to address the effect of social media promotion on alcohol consumption and harm, particularly among younger Australians, should be prioritised. An increased focus on online and social media marketing also reflects the draft's suggestion that innovative actions should be investigated and trialled.

With regards to **public health campaigns** mentioned in priority 4, it is worth noting that the balance of evidence around educational and other information campaigns designed to reduce alcohol-related harms is that education and social marketing campaigns are generally not effective in modifying drinking behaviour.

The effectiveness of such campaigns may be improved if they are part of a wider group of measures, rather than as a stand-alone initiative, particularly aimed at addressing alcohol availability. Drink-driving is a pertinent example: the introduction of random breath testing has been effective and the measure has been supported by sustained campaigns that create a perception of a high probability of detection and generate community support for the intervention.

With cancer being responsible for more than one-third of alcohol attributable deaths, any public information campaign around the risks and harms of alcohol consumption should consider the merit of focusing on the link between alcohol and cancer.

Disproportionately affected and at-risk populations

The draft outlines a number of groups that experience disproportionate levels of alcohol-related harms and/or are considered at-risk populations.

Aboriginal and Torres Strait Islander people are mentioned in this context. However this group is only mentioned in this general context. There is no reference to the Aboriginal and Torres Strait Islander People's National Drug Strategy. A direct link should be made between the two strategies, so they can complement each other, in a similar way to how the NAS has been linked to the National Drug Strategy in the draft.

The draft also mentions – appropriately – pregnant women in this context. However reference to the role of the wider community and fathers, particularly in preventing FASD, is conspicuous by its absence. A recent systematic review of the **role of fathers** in alcohol exposed pregnancies concluded that it is important to recognise decisions about alcohol use during preconception and pregnancy are not the sole responsibility of women but occur within the context of the home and the broader social environment, and therefore require more complex policy to reduce alcohol-exposed pregnancies and increase the potential for healthy fetal and infant outcomes.

The overarching findings from this review concluded that paternal alcohol use by a live-in male partner is associated with maternal alcohol consumption during pregnancy and that preconception alcohol use by the biological father can impact sperm, fetal, and infant health.

NDRI also suggests that consideration be given to **including men, and especially young men, as a priority population group**. The draft might give greater prominence to the issue of gender in the list of priority populations (pages 8-10) by specifying men, and in particular young men, as a priority group.

The gendered treatment of alcohol (and other drugs) in Australian policy, and the disproportionate involvement of men/masculinities in alcohol-related harm, is addressed in several recent articles, including Missing masculinities: Gendering practices in Australian alcohol research and policy; Gender, intoxication and the developing brain; Problematisations of drinking among young adults in Australian alcohol policy; Sameness and difference: Metaphor and politics in the constitution of addiction, social exclusion and

gender in Australian and Swedish drug policy; The gendered trouble with alcohol: Young people managing alcohol related violence; and Globalization, frontier masculinities and violence: Booze, blokes and brawls. While female gender is mentioned at several points in relation to alcohol use during pregnancy, the over-representation of men in statistics on alcohol-related harm is ignored.

Measures of success

Total alcohol consumption per capita and ‘ongoing research into consumption levels’ are mentioned throughout the priority areas of focus and a number of ‘measures of success’ are outlined in the Monitoring Progress section. However there is a notable omission in the data sources included in the table on page 26-27: collection of alcohol sales data.

Per capita alcohol consumption is closely related to rates of alcohol-related problems in a population. Alcohol sales data are considered the best indicator of alcohol consumption at a population level as they are not susceptible to the errors inherent in self-report surveys, and can be used to identify patterns of consumption of different beverage types. Alcohol sales data are important for planning, research, and many Government and community-based interventions that aim to prevent alcohol-related harm. The data allow monitoring of trends in per capita alcohol use, the study of relationships between changes in per capita consumption and population health outcomes, benchmarking to assess the reliability of survey estimates of consumption, and evaluations of interventions to reduce alcohol-related harm. Local-level alcohol sales data can be used to evaluate community initiatives and the impact of changes to liquor licensing on alcohol consumption.

It is also worth noting that the Commonwealth Government has funded the National Alcohol Sales Data Project for the past five years, and that substantial progress has been made in alcohol sales data collection, with five of eight Australian states and territories now collecting the data.

Evaluation and evidence

‘Robust **evaluation**’ of the NAS is mentioned in the draft. This is critical to the success of measures implemented under the auspices of any national strategy, and regular review of policy interventions is vital to effective alcohol (and drug) policy. While evaluating measures ensures limited resources are well spent, it also allows effective measures to be continued and potentially expanded or replicated in other jurisdictions. It is also important to ensure the findings of evaluations are fed back into the NAS, creating an ongoing feedback loop that ensures the expansion of effective measures.

NDRI supports the sentiment expressed in the draft that ‘responses will be evidence-based, and where evidence does not yet exist for the most effective interventions, actions will be guided by the best available information and practice.’ However, while the draft repeatedly refers to its reliance on ‘**evidence**’, the cited evidence is drawn from a narrow range of monitoring and surveillance studies. If the draft’s claims to being guided by evidence are to be convincing, the document needs to refer to a much broader range of studies that include those focusing on social context.

There are also international examples where specific measures are being trialled to address alcohol-related harm, such as alcoholic beverage labelling that focuses on the link between alcohol and cancer in Canada’s Yukon region and the introduction of minimum pricing in Scotland. The results of such measures should also inform responses in Australia.

Meaningful statistics

Where possible, NDRI suggests consideration be given to extrapolating the impacts of alcohol-related harm outlined in the draft as a percentage, for example throughout the infographic on page 6, into actual numbers (for example, 10 per cent of emergency department presentation equates to how many people?) and real costs, such as in alcohol-related hospitalisations. This would add context and meaning to measures of harm.

YAARS references

The Young Australians Alcohol Reporting System (YAARS), which is run by NDRI, has been cited in the draft. However, there are errors, although minor in nature, with three of the citations. NDRI suggests the following changes for inclusion in the final version of the NAS:

- Citation 23 on page 7: In this first citation of the YAARS project, the 40 per cent of young Australians are specifically *risky drinking* young Australians, as this was the population subset surveyed. The suggested change is to simply add 'risky drinking' to the original sentence so a revised version reads along the lines of: '40 per cent of young risky drinking Australians having been in a vehicle with an alcohol-affected driver.' In addition, the fact YAARS is targeting an 'at risk population' is not mentioned.
- Citation 35 on page 9: This refers to a statistic from NAIP Bulletin 7 and should therefore be cited from that publication.
- Citation 55 on page 16: Citation 55 refers to the YAARS project, but NDRI believes citation 56 should actually be referring to YAARS. Citation 56 would be better suited to this particular YAARS paper focused on price policies, rather than the 2017 report currently cited, which only briefly covers this area.

IN CONCLUSION

National and international evidence indicates that the availability of alcohol – e.g. via price, numbers of outlets and hours of sale – significantly influences alcohol use and related harm. Governments at all levels have at various times implemented a range of strategies to prevent and reduce alcohol-related harm, from random breath testing and regulatory liquor licensing laws, price controls and controls of hours and days of sale, to hypothecated taxation to fund prevention and treatment initiatives, controls on alcohol promotion and universal and targeted education strategies.

International and national evidence supports multi-faceted approaches, indicating that not all strategies are equally effective and initiatives implemented as part of a package of measures are more likely to be effective than any single measure implemented in isolation.

Selected references and further reading

- Lensvelt, E., Gilmore, W., Liang, W., Sherk, A. and Chikritzhs, T. (in press). *Estimated alcohol-attributable deaths and hospitalisations in Australia 2004 to 2015. National Alcohol Indicators, Bulletin 16*. Perth: National Drug Research Institute, Curtin University.
- Laslett, A.M, Jiang, H and Chikritzhs, T. (in press) *Child injury deaths linked with adult alcohol consumption: a time series analysis*. Drug and Alcohol Dependence.
- Alcohol and Public Policy Group (2010), *Alcohol: No Ordinary Commodity – a summary of the second edition*. Addiction, 105: 769–779. doi: 10.1111/j.1360-0443.2010.02945.x
- Loxley, W., et al. (2015) *National Alcohol Sales Data Project: Stage 4 Final Report*. Perth: NDRI
- National Drug Research Institute (2007). *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*. Perth: NDRI.
- Kypri, K, Jones, C, McElduff, P & Barker, D. (2010) Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*.
- Chikritzhs, T., et al. (2007). *Predicting alcohol-related harms from licensed outlet density: A feasibility study*. Hobart: NDLERF
- Liang, W. and Chikritzhs T. (2011) Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability. *Drug and Alcohol Review*, 30 (5): 524-535
- Chikritzhs, T. & Stockwell, T. (2002). The impact of later trading hours for hotels on levels of violence. *Journal of Studies on Alcohol* 63(5): 591-599.
- Chikritzhs, T. and Stockwell, T. (2007). The impact of later trading hours for hotels (public houses) on breath alcohol levels of apprehended impaired drivers. *Addiction* 102: 1609-1917.
- World Health Organization (2000). *International guide for monitoring alcohol consumption and alcohol related harm*. Stockwell T. & Chikritzhs T. (Eds) Geneva: World Health Organization. WHO/MSD/MSB/00.5
- Chikritzhs, T.N., Stockwell, T.R. and Pascal, R. (2005). The impact of the Northern Territory's Living With Alcohol program, 1992-2002: revisiting the evaluation. *Addiction*, 100, pp. 1625-1636
- Moore, D., Fraser, S., Keane, H., Seear, K. & Valentine, K. (2017). Missing masculinities: Gendering practices in Australian alcohol research and policy. *Australian Feminist Studies*. 32, 93, 309-324.
- Manton, L. & Moore, D. (2016). Gender, intoxication and the developing brain: Problematisations of drinking among young adults in Australian alcohol policy. *International Journal of Drug Policy*, 31(5), 153-162.
- Moore, D., Fraser, S., Törrönen, J. & Eriksson Tinghög, M. (2015). Sameness and difference: Metaphor and politics in the constitution of addiction, social exclusion and gender in Australian and Swedish drug policy. *International Journal of Drug Policy*, 26(4), 420-428.
- Lindsay, J. (2012). The gendered trouble with alcohol: Young people managing alcohol related violence. *International Journal of Drug Policy*, 23(3), 236-241.
- Carrington, K., McIntosh, A. & Scott, J. (2010). Globalization, frontier masculinities and violence: Booze, blokes and brawls. *British Journal of Criminology*, 50, 393-413.
- Lam, T., Lenton, S., Burns, L., Aiken, A., Ogeil, R., Gilmore, W., Chikritzhs, T., Lloyd, B., Lubman, D., Mattick, R. and Allsop, S. 2015. Alcohol Policy Impact on Young Risky Drinkers and Their Support for Proposed Measures. *Australian and New Zealand Journal of Public Health*, 39, 129-134. DOI: 10.1111/1753-6405.12326