Background

1. The People’s Alcohol Action Coalition (PAAC) is an Alice Springs-based community alcohol reform group. PAAC developed in the 1990s in response to a growing awareness of excessive alcohol use and associated harm in the Central Australian region, and provides a platform for community action to reduce alcohol-related harm. PAAC aims to work towards reducing the impact of alcohol-related harm through a number of strategies, including: developing constructive reforms to the sale of alcohol; advocating controls on public consumption; advocating responsible service of alcohol; and promoting healthy lifestyles.

2. Members include social workers, lawyers, medical practitioners, Aboriginal organisations, trade unions, churches, social service organisations and individuals. Collaborating organisations include the Central Australian Aboriginal Congress, Central Land Council, Aboriginal Medical Service Alliance Northern Territory, Northern Territory Council of Social Services, Central Australian Youth Link Up Service, the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council (Aboriginal Corporation) and the Public Health Association of Australia NT.

3. As a long-term advocate for the reduction in alcohol-related harm and member of the National Alliance for Action on Alcohol (NAAA), PAAC welcomes the development of the National Alcohol Strategy 2018 – 2026 (NAS) and is pleased to provide the following brief comments on the NAS’ draft.

4. PAAC supports the NAAA / Foundation for Alcohol Research and Education (FARE) call for the MDAF to adopt the National Road Safety Strategy 2011-2020 as a model of effective policy-making that includes:
   - ambitious overarching target/s (see paras. 4. to 7.);
   - shared responsibility and leadership (see para. 11.);
   - agreed areas of focus and priority actions (see paras. 8. to 10.); and
   - independent and transparent policy-making processes (see para. 12).

Some of these issues are dealt with in more detail in the following sections.
Aim of the strategy and targets

5. We acknowledge the NAS’ aim of a 10% reduction in harmful alcohol consumption over the period of the Strategy. PAAC, however, supports a revised target of a twenty per cent reduction in harmful alcohol consumption over the nine years of the Strategy to more accurately reflect the level of harm caused by alcohol misuse in Australia.

6. Such a target, though ambitious, is achievable. On a local level, the Alice Springs Liquor Supply Plan of October 2006 banned the sale of excessively cheap alcohol, increasing the minimum price per standard drink from twenty-five to fifty cents per standard drink [1]. This led to a twenty per cent reduction in pure alcohol sales and significant reductions in alcohol-related harm: protective custody orders halved and there was an overall reduction in alcohol-related crime of twelve per cent. The restrictions were particularly significant in reducing the dangerously increasing rates of hospitalisation of Aboriginal women for assault [2]. Alice Springs has also had the benefit, since 2011-2012, of a voluntary floor price of around one dollar a standard drink, informally implemented by all supermarkets in the town. While the licensees of the two hotels with bottle shops did not ostensibly participate, they tend not to be able to match the low prices that were previously offered by the large supermarkets. Lower end take-away alcohol is therefore more expensive, and this is reflected in wholesale sales, and thus consumption, data.

7. We also note that the NAS' aim of measuring progress through the harmful consumption of alcohol at an individual level is necessary but not sufficient. The surveys on which such individual measures are based underestimate consumption and are relatively infrequent (for example, every three years for the National Drug Strategy Household Survey; every six years for the National Aboriginal and Torres Strait Islander Social Survey). This makes them inappropriate for measuring progress towards the NAS' overall aim, especially with regard to population sub-groups such as Aboriginal and Torres Strait Islander people who are disproportionately affected by alcohol but are often not reliably surveyed.

8. Accordingly, we suggest an additional goal of reducing overall consumption of alcohol of 10% as measured by the proxy of wholesale sales data to be collected by all States and Territories and published at the very least annually, and preferably twice a year, on a regional basis, noting that currently only four jurisdictions (the Northern Territory, Queensland, the Australian Capital Territory and Western Australia) collect this vital data. This information will need to be supplemented by the collection of data on alcohol-related harm through the health, police, criminal justice and other sectors to allow the identification of the impact on different population groups (for example, Aboriginal and Torres Strait Islander people).

Priorities and actions

9. The NAS provides a good introduction to the issues pertinent to alcohol-related harm in Australia. The four priorities identified in the NAS are broadly appropriate, and the 'opportunities for action' provide a reasonable summary of approaches to reduce alcohol-related harm.
10. Merely identifying 'opportunities for action', however, is not enough. The NAS must go beyond this approach to weigh up the evidence as to which of these opportunities are likely to have the greatest effect in meeting the goals of reducing alcohol-related harm / consumption, and unequivocally recommend these for government action.

11. While a multi-faceted approach is supported, action on the price of alcohol is the most effective and efficient way to reduce alcohol-related harm [3], and this should be adopted in principle as the critical policy setting to achieve the goals of the NAS. The NAS should then outline a process involving expert opinion on designing a specific model of action on price – whether through a Minimum Unit Price, volumetric tax, other taxation reform or a combination of these approaches – to meet the NAS’ targets.

Effective models of policy making and leadership

12. The distribution of responsibility for addressing alcohol-related harm across multiple governments means that Australian Government leadership is crucial for any substantive progress. This leadership role needs to be reflected in the NAS itself (particularly in identifying and committing to a set practical actions – see above) as well as in the implementation of the NAS.

13. It is vital that the formation of alcohol policy is based on the evidence of what is most effective in promoting the health and well-being of all Australians. Unfortunately, the policy-making process is distorted by political donations from the alcohol industry. In the Northern Territory, as is the case throughout Australia, alcohol industry representatives continue to be amongst the biggest spenders when it comes to donations to political parties and candidates [4]. The ability to influence ministerial or government decisions through such donations raises questions of fairness, independence and quality, including whether decisions are made in the public interest or to satisfy some private or commercial interest. Accordingly, the NAS should specifically recommend the banning of all donations to political parties by the alcohol industry and its representatives.

References


