

## **A red light for preventive health**

Assessing progress against the  
Preventative Health Strategy's  
alcohol-specific actions



Prepared by the Foundation for Alcohol Research and Education

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## About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has have invested more than \$115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

FARE is guided by the [World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol](#)<sup>[1]</sup> for addressing alcohol-related 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 [fare@fare.org.au](mailto:fare@fare.org.au). All donations to FARE over \$2 are tax deductible.

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<sup>[1]</sup> World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization.



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## Summary

In September 2009 the Preventative Health Taskforce (Taskforce) released its final report, *Australia: The Healthiest Country by 2020 – National Preventative Health Taskforce Strategy – The Roadmap for Action* (the Strategy). The role of the Taskforce, as specified by the then Minister for Health and Ageing, the Hon Nicola Roxon MP, was to ‘develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity, as well as producing a National Preventative Health Strategy’.<sup>1</sup>

The Strategy outlined an eleven-year plan to reduce the burden of chronic disease in Australia. It included 32 alcohol-specific ‘actions’ under eight ‘Key Action Areas’. These Key Action Areas are:

1. Improve the safety of people who drink and those around them;
2. Increase public awareness and reshape attitudes to promote a safer drinking culture in Australia;
3. Regulate alcohol promotions;
4. Reform alcohol taxation and pricing arrangements to discourage harmful drinking;
5. Improve the health of Indigenous Australians;
6. Strengthen, skill and support primary healthcare to help people in making healthy choices;
7. Build healthy children and families; and
8. Strengthen the evidence base.


This study assesses the progress made against the alcohol-specific actions of the Strategy in the four years since the Strategy was released. In undertaking this analysis, this study draws on information contained in the Commonwealth Government’s response to the Strategy released in May 2010, as well as information contained on Government websites, in the Australian National Preventive Health Agency’s (ANPHA) Operational Plans and from other institutions outside of Government that undertake work in alcohol harm prevention.

Actions were then classified as having been completed, being progressed or not being progressed. The study concluded that of the 32 alcohol-specific actions, four had been completed, 18 were being progressed and ten had not been progressed.

Key achievements by Australian Governments over the four year period included:

- The development of the *Be the Influence* campaign by ANPHA, which provides replacement funding for National Sporting Organisations that agree to forgo alcohol industry sponsorship;
- Progress made to introduce pregnancy warning labels for alcohol through the Food Labelling Review and Legislative and Governance Forum on Food Regulation;
- The development of advice for the Minister of Mental Health and Ageing on a minimum price for alcohol by ANPHA; and
- The continuation of the collection of alcohol-related data through national surveys such as the *National Drug Strategy Household Survey* and the *Australian Health Survey*.

The areas where little or no progress has been made are those that predominantly involve coordination between the Commonwealth Government and State and Territory Governments. These include actions that relate to developing coordinated or best practice



approaches to liquor licensing legislation, secondary supply and enforcement. One of the reasons why these actions have not been progressed is because the Ministerial Council on Drug Strategy (MCDS) was abolished in 2010, which has resulted in a lack of coordination in addressing actions that require collaboration across governments.




There are also many actions being progressed by Australian Governments which are ad hoc or time limited. For example the *Be the Influence* campaign only has funding until the financial year ending June 2014. The *Community Level Initiative* grants under the *Binge Drinking Strategy* also cease at the same time. This is problematic because these actions do not provide a comprehensive or long term solution to preventing alcohol-related harms.

This study demonstrates that four years after the release of the Strategy, little progress has been made in achieving the alcohol-specific recommendations. Stronger leadership is required at the Commonwealth Government level to progress the actions of the Taskforce, and greater coordination of the work of State and Territory Governments is needed. A revised *National Alcohol Strategy* with clear governance structures is required to ensure that alcohol harm prevention policies are progressed in the future.

## Approach

This study examines the progress made against the alcohol-specific recommendations of *Australia: The Healthiest Country by 2020 – National Preventative Health Taskforce Strategy – The Roadmap for Action* (the Strategy) between September 2009 and August 2013.

The 32 alcohol-specific actions included with the Strategy were assessed as part of this study. Each of the alcohol-specific actions were assessed using a traffic light system, where green represents an action that has been completed, amber represents an action that is being progressed and red represents an action that is not being progressed. Further information about each of these classifications is included in the table below.

Progress made	Explanation	Colour code
<b>Completed</b>	The action has been implemented in full.	
<b>Action being progressed</b>	The action has not been fully implemented but some activities have been taken which can be interpreted as progress towards this action.  When responsibility is with State or Territory Governments, this may also mean that some governments have progressed the recommendation, while others are not.	
<b>Action not being progressed</b>	No progress has been made against this action and/or the Commonwealth Government has indicated that this action will not be progressed.	

A range of sources were examined to inform the analysis. Alcohol-prevention policies, programs and research that have been implemented by governments, research institutes and not-for-profit organisations were all included within the analysis. This study examined information contained in the Commonwealth Government's response to the Strategy released in May 2010, as well as information contained on Government websites, in the Australian National Preventive Health Agency's (ANPHA) Operational Plans and from other institutions outside of Government that undertake work in alcohol harm prevention.

The results of this study are presented in the next section and include the relevant action, expected progress in years one to four, Commonwealth Government response and information relating to the action. The information included within the section entitled 'Information relating to this action' is not an exhaustive list of all activities that have been undertaken over the four year period since the Strategy has been released. Instead this section provides information on the activities that are being undertaken in relation to the Actions.



# Results

## Key Action Area 1: Improve the safety of people who drink and those around them

### Action 1.1

*States and Territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws, including:*

- *outlet opening times, outlet density;*
- *accreditation requirements prior to the issuing of a liquor licence;*
- *late-night and other high-risk outlets; and*
- *Responsible Serving of Alcohol (RSA) and training model.*

### Expected progress years 1-4 (2009 – 2013)

- ‘Develop best practice approaches for liquor control legislation for implementation by states and territories.
- Consultation with the alcohol industry’.<sup>2</sup>

### Commonwealth Government response

‘The Commonwealth Government will pursue these recommendations with states and territories through COAG [Council of Australian Governments] and Ministerial Council on Drug Strategy (MCDS).

State and territory liquor control laws and regulations, and their effective enforcement, are a key mechanism for ensuring drinking does not get out of hand and threaten public safety and enjoyment at Australia’s many pubs, restaurants and lively entertainment precincts. They are essential to ensuring that Australia’s cities and towns are safe and free from violence, particularly at night.

In 2008, the Prime Minister challenged Premiers and Chief Ministers at COAG to develop a plan to address binge drinking and alcohol-related violence. In response to the Prime Minister’s challenge and growing public concern at violent incidents, several jurisdictions have since trialed innovative approaches and/or implemented comprehensive strategies in licensing and other arrangements to try to tackle this problem. These have included: freezes on the issuing of new 24-hour licences; increases in licence fees for high-risk venues; earlier closing times; late night lock-outs; local liquor accords; bans on happy hours and other discounting promotions; better enforcement of responsible service of alcohol requirements; and a range of other measures.’<sup>3</sup>

## Information relating to this action



### Action not being progressed

Progress against this measure is unlikely given that the MCDS was discontinued on 30 June 2011 following the national review of Ministerial Councils which commenced in 2009.

In 2010 the Inter-Governmental Committee on Drugs (IGCD), which is a committee of public servants representing health and policing from all Australian Governments, commissioned the National Centre for Education and Training on Addiction (NCETA) to undertake a national liquor licensing review project, *Liquor Licensing Legislation in Australia: An examination of Liquor Licensing Legislation in Australia as at December 2010*. This project included recommending improvements to liquor licensing legislation across all jurisdictions.<sup>4</sup> The three reports relating to this project were completed and released in 2012, however moves have not been made to using the reports' findings to develop best practice approaches.

The ANPHA *Operational Plan 2011-2012* also committed to working with the Alcohol Expert Committee to establish monitoring and review processes and evidence on standards and policy options around alcohol-related licensing. An options paper on national standards and policy options was to be produced by 30 June 2012.<sup>5</sup> To date, ANPHA has not completed the policy options paper regarding alcohol-related licensing and this work does not appear in the 2012-13 ANPHA Operational Plan.

#### Action 1.2

*Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations, relating to:*

- *optimal levels of enforcement of drink-driving laws;*
- *intelligence-led, outlet focused systems of policing and enforcement;*
- *annual review of liquor licences as part of annual licence renewal process;*
- *demerit points penalty systems for licensees who breach liquor control laws, with meaningful and graduated penalties depending on severity and frequency of offence; and*
- *monitoring and reporting on enforcement of legislation.*

#### Expected progress years 1-4 (2009 – 2013)

- 'Develop best practice nationally consistent approaches to policing and enforcement of liquor control laws.
- Development of national monitoring and reporting framework and collection of baseline measures'.<sup>6</sup>

#### Government response

Refer to response to Action 1.1.



## Information relating to this action



### Action not being progressed

The Commonwealth Government has indicated that this will be pursued by MCDS, however MCDS was discontinued in 2010.

The Government funded project, *Liquor Licensing Legislation in Australia: An examination of Liquor Licensing Legislation in Australia as at December 2010*, included identifying 'the perspectives and needs of law enforcement personnel in relation to liquor legislation to ensure that they are able to adequately perform their role in preventing and reducing alcohol-related crime and associated harms'.<sup>7</sup> This report has been completed, but its recommendations have not been used to develop nationally consistent approaches to policing and enforcement of liquor control laws.

### Action 1.3

*Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations.*

## Expected progress years 1-4 (2009 – 2013)

'Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations'.<sup>8</sup>

## Government response

'COAG will also consider a report from the MCDS on additional options to address binge drinking and related violence. Recommendation 1.3 for the development of a business case for a possible new National Partnership on policing and the enforcement of liquor control regulations will be considered in that context. The Commonwealth Government calls on states and territories to agree to a strong response to the MCDS report and to continue to trial innovative approaches and implement best-practice measures to alcohol-related violence'.<sup>9</sup>

## Information relating to this action



### Action not being progressed

A business case has not been developed and no preliminary work has been undertaken that may lead to a national partnership agreement. Again, as MCDS no longer exists, it is unlikely that this will be progressed.

#### Action 1.4

*Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).

#### Government response

See response to Action 1.1.

#### Information relating to this action



#### Action being progressed

Responsible Service of Alcohol (RSA) training exists and is mandatory for security staff in some jurisdictions. The specific requirements of RSA training vary from state to state. For example, in Western Australia (WA), under the *Liquor Licensing Act 1990 (WA)*, only staff employed to serve alcohol are required to undergo RSA training. Whereas in New South Wales (NSW), RSA training is mandatory for licensees and serving and security staff who have crowd control duties at licensed premises.<sup>10</sup> In Victoria, face-to-face RSA training, as opposed to online training, is required for employees who work on a premises that has a packaged liquor licence, and employees who work in a venue that has a condition on its liquor licence requiring employees to be RSA trained.

#### Action 1.5

*Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls to:*

- *estimate and take into consideration the impact of proposed new alcohol outlets on outlet density levels, the health and safety of the local community, and neighbourhood amenity prior to granting a licence;*
- *determine the most desirable mix of outlet types;*
- *determine the appropriate conditions for new licences such as operating hours, noise restrictions and fees for cost recovery purposes; and*
- *require an annual liquor licence renewal subject to satisfactory compliance.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).

#### Government response

Refer to response to Action 1.3.

## Information relating to this action



### Action being progressed

There have been moves at the jurisdictional level to progress some of these areas. For example in the ACT, licenses expire up to three years after the date of issue and must be renewed by the licensee. The 2010 ACT Liquor Act also allows for greater community involvement in consultations relating to new liquor licenses.

In NSW, the Office for Liquor, Gaming and Racing (OLGR) commissioned Allen Consulting Group to conduct a cumulative impact assessment of the clustering of alcohol sales outlets and licensed venues, identifying both the positive and negative social and economic impacts of outlet density. This study resulted in the development of the Environment and Venue Assessment Tool which assesses the risk of allowing a new licence based on the external risks and venue risks that exist for that new licence. The Tool is being trialed in Sydney and Newcastle at the present time.<sup>11</sup>

#### Action 1.6

*Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.*

### Expected progress years 1-4 (2009 – 2013)

'Commission the public interest case in order for liquor control legislation and other regulatory measures to be exempt from National Competition Policy'.<sup>12</sup>

Due for completion year 4.

### Government response

MCDS 'considered this issue in the context of deliberations on binge drinking and concluded that National Competition Policy should not constrain licensing policy'.<sup>13</sup>

## Information relating to this action



### Action not being progressed

The Commonwealth Government's response to this recommendation implies that the NCP should not 'constrain licensing policy'. Despite the Commonwealth Government assertion, the formal exemption of National Competition Policy remains a contentious issue, with the NCP still being used as a reason to avoid further regulation. Given that the objective of liquor licensing legislation has now shifted towards a harm minimisation focus in Australian jurisdictions, it is arguable that the objectives of such legislation can only be achieved by restricting competition in the interests of health and safety. However, while the NCP is still used as a mechanism to avoid further alcohol control reforms, there is a need to clarify this in relation to liquor licensing in Australia.

### Action 1.7

Support the above [actions] through:

- *partnerships with health and law enforcement groups and the alcohol beverage and related industries, such as alcohol retailers, hoteliers, licensed clubs, local communities, and major event organisers; and*
- *data collection and monitoring of alcohol sales, policing, and health and social impacts.*

### Expected progress years 1-4 (2009 – 2013)

'Establish partnerships with the alcohol beverage and related industries'.<sup>14</sup>

Due for completion year 4.

### Government response

'The Commonwealth Government fully supports local liquor accords and other like partnership arrangements as proposed by the Preventative Health Taskforce'.<sup>15</sup>

### Information relating to this action




#### Action being progressed

As specified by the Commonwealth Government's response above, partnerships exist between health, law enforcement and the alcohol industry in Australia through the establishment of local liquor accords.

ANPHA has also developed a stakeholder engagement strategy that includes its policy on interacting with a range of stakeholders.<sup>16</sup> While ANPHA has a function to engage with stakeholders, the abolition of MCDS, which was the main opportunity for collaboration between health and policing, has been detrimental to the development of policies which are overseen by the jurisdictions and where there is a health and policing component.

Alcohol-related data collection continues to be an area where further work is required in Australia. Alcohol sales data is only collected by Queensland, the Northern Territory (NT), WA and the Australian Capital Territory (ACT). All jurisdictions should be encouraged to collect this data. The consultation process recently undertaken by ANPHA into the establishment of a minimum price for alcohol included a recommendation that state and territory governments 'continue, or to initiate, the collection of wholesale sales data in order to enable and improve the essential research and analysis required to inform evidence-based public policy decisions'.<sup>17</sup>

The Commonwealth Government has funded the National Drug Research Institute (NDRI) at Curtin University to develop an ongoing and regularly updated national database of standardised alcohol sales data, to which all Australian states and territories that currently collect sales data contribute. This National Alcohol Sales Data Project (NASDP) aims to monitor alcohol consumption trends by regularly estimating per capita alcohol consumption for all participating states and territories.



Data collection in other areas such as health and policing also varies between jurisdictions. For example, in Queensland alcohol-related violence data is not collected or reported on. However, in NSW, alcohol-related violence data is collected and reported on by the Bureau of Crime Statistics and Research.

## Key Action Area 2: Increase public awareness and reshape attitudes to promote a safer drinking culture in Australia

### Action 2.1

*Develop and implement a comprehensive and sustained social marketing and public education strategy at levels likely to have significant impact, building on the National Binge Drinking Campaign and state campaigns.*

- *help build a national consensus on safer alcohol consumption;*
- *raise awareness and understanding of the National Health and Medical Research Council Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC Guidelines);*
- *de-normalise intoxication; and*
- *raise awareness of the longer term risks and harmful consequences of excessive alcohol consumption.*

### Expected progress years 1-4 (2009 – 2013)

- 'Identify effective campaign messages through qualitative research and review of other campaigns. Potential campaign themes may include the health consequences of risk drinking and the impact of risk drinking on the safety of others.
- Develop first wave of the campaign.
- Implement the campaign'.<sup>18</sup>

### Government response

'The Commonwealth Government accepts the Taskforce's finding that achieving and maintaining attitudinal and behavioural change in relation to binge drinking will require long-term effort through social marketing campaigns.

The Government's commitment to changing Australia's culture of binge drinking, particularly among young people, was signaled by the Prime Minister with the announcement of the National Binge Drinking Strategy in 2008. Initial measures included:

- \$20 million to fund advertising that confronts young people with the costs and consequences of binge drinking;
- \$14.4 million to invest in community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; and
- \$19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking.'

'Funding of \$5 million announced in the 2010–11 Budget as part of the \$50 million extension of the National Binge Drinking Strategy will be made available to support enhancement of alcohol helplines and possible extension of this social marketing campaign.'<sup>19</sup>

A Facebook fan site was also established for the "Don't Turn a Night Out into a Nightmare" campaign, which has engaged with over 117,000 people.

In addition to the "Don't Turn a Night Out into a Nightmare" campaign, the Government has supported the development of materials to promulgate the 2009 Australian Guidelines to

Reduce Health Risks from Drinking Alcohol prepared by the National Health and Medical Research Council.<sup>20</sup>

‘Once established, the Australian National Preventive Health Agency will be tasked with taking forward national social marketing campaigns on alcohol, building on the ‘Don’t Turn a Night Out into a Nightmare’ campaign.’<sup>21</sup>

### Information relating to this action



#### Action not being progressed

In establishing ANPHA, funding was provided for social marketing for obesity and tobacco issues, but not alcohol, demonstrating that there was no Commonwealth Government commitment to further this action. ANPHA established the *Be the Influence* campaign which provided \$25 million in funding to 15 national sporting organisations to abandon alcohol industry sponsorship and promote an anti-binge drinking message.<sup>22</sup> However, this campaign does not constitute a comprehensive and sustained social marketing and public education campaign.

With no comprehensive social marketing campaign, awareness of the NHMRC Guidelines remains low, with a recent study by the Centre for Alcohol Policy Research (CAPR) finding that 95 per cent of Australians are unable to correctly identify these guidelines.<sup>23</sup>

#### Action 2.2

*Embed the main themes and key messages within a broad range of complementary preventative health policies and programs, such as:*

- *schools and tertiary education settings;*
- *community-based sport and recreation settings; and*
- *community-based cultural groups.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017) and ongoing.

#### Government response

See Action 2.1.

In relation to the materials on the National Health and Medical Research Council Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC Guidelines), ‘Posters, brochures and wallet cards setting out these messages for key audiences – parents, young people, pregnant women, and breastfeeding women – are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from [www.alcohol.gov.au](http://www.alcohol.gov.au).

The Government will be providing \$100,000 over two years to make these materials available in community languages to ensure that people from culturally and linguistically diverse backgrounds can access the best available guidance on safe alcohol consumption.’<sup>24</sup>

### Information relating to this action



#### Action not being progressed

As there has been no overall key messages established for a comprehensive public education campaign, it is difficult to assess this action. While action is being taken to support community groups to promote alcohol-related messages, it is not consistent with a comprehensive and sustained social marketing campaign.

At a community level, ANPHA is administrating the Community Level Initiative grants scheme under the National Binge Drinking Strategy. Through this scheme, \$20 million is to be distributed over four years. In the recent third round, 26 organisations were funded to reduce risky drinking in young people between the ages of 12-24 years through providing health education programs and a range of alternative cultural, sporting and recreational opportunities.<sup>25</sup> However, funding for this initiative has ceased.

In the specific area of sport and recreation, in May 2012 ANPHA announced that it would provide \$8.9 million in funding to the Good Sports Program, which promotes a safe and healthy environment in community sporting clubs and aims to reduce alcohol-related problems.<sup>26</sup>

#### Action 2.3

*Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries, including:*

- *offering regular basic health checks for employees;*
- *development of evidence-informed workplace policies; and*
- *employee assistance programs.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).

#### Government response

‘Under the COAG National Partnership Agreement on Preventative Health, \$294.6 million over six years is being provided to support the Healthy Workers Initiative. State and territory governments will be funded to facilitate the delivery of healthy living programs in workplaces, including in relation to the harmful/hazardous consumption of alcohol.

In addition, the Commonwealth will be developing a national Health Workplace Charter with peak employer and employee groups, and establishing voluntary competitive benchmarking, nationally agreed standards for workplace based prevention programs, and national awards for healthy workplace achievements’.<sup>27</sup>



## Information relating to this action



### Action being progressed

The National Partnership Agreement for Preventive Health provided for a healthy workers initiative from 2009-10 to 2012-13. The initiative provided \$294.6 million to support workplace health programs that focus on decreasing rates of overweight and obesity, increasing levels of physical activity, smoking cessation and reducing harmful levels of alcohol consumption.

Of this amount, \$289.4 million was made available to state and territory governments from 1 July 2011. The remaining \$5.2 million is being used by the Commonwealth to develop soft infrastructure to support the implementation of state and territory programs from July 2011. This includes the development of national standards and benchmarking, a national workplace health promotion tool kit and web portal for employers (currently under construction), a National Healthy Workplace Charter and national awards for best practice in workplace health programs.<sup>28</sup>

A *Quality Framework for the Healthy Workers Initiative*<sup>29</sup> was released in December 2011 and all states and territories have an implementation plan that outlines specific activities to be undertaken to support and promote workplace health programs.<sup>30</sup>

Under Action 2.4 of the ANPHA Operational Plan, ANPHA commits to working with the alcohol expert committee to 'review recent evaluation data and other reports on workplace programs that address alcohol-related harm with a view to highlighting good practice, innovative approaches and multi-sectoral partnerships'. A paper and program briefs on new good practice evidence were to be prepared by 30 June 2012.<sup>31</sup> This was carried over to the 2012-13 Operational Plan and the actions listed were having a 'National Alcohol Harm in Workplace Forum' in March 2013 and developing a 'Report on forum and workplace programs' in June 2013. Neither of these actions has occurred.

## Key Action Area 3: Regulate alcohol promotions

### Action 3.1

*In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including:*

- *advertising during live sport broadcasts;*
- *advertising during high adolescent/ child viewing;*
- *sponsorship of sport and cultural events, (e.g sponsorship of professional sporting codes; youth-oriented print media; internet-based promotions); and*
- *consider whether there is a need for additional measures to address alcohol advertising and promotion across other media sources.*

### Expected progress years 1-4 (2009 – 2013)

Years 1-4 (2009 – 2013):

- 'Introduce a co-regulatory approach to alcohol promotions agreed by MCDS in April 2009.
- Monitor and evaluate the effectiveness of the co-regulatory approach to alcohol promotions agreed by MCDS in April 2009.
- Ban the sale of alcohol-branded merchandise'.<sup>32</sup>

Year 4 (2013):

- 'Introduce independent regulation through legislation if the co-regulatory approaches are not effective in phasing out alcohol promotions from times and placements which have high exposure to young people up to 25 years'.<sup>33</sup>

### Government response

'The Government notes this recommendation. While the Government is supportive of limiting the exposure of children to advertising that may unduly influence them, the Government will not consider regulatory action at this time.


'The Government will be tasking the Australian National Preventive Health Agency to keep the evidence on alcohol advertising to young people under review and to make submissions to reviews of the CTS [Children's Television Standards] and to other appropriate reviews.'<sup>34</sup>

### Information relating to this action



#### Action being progressed

The *Be the Influence* campaign has provided funding to 15 National Sporting Organisations, who have committed to not advertising alcohol products in exchange for being involved in the program. This was not associated with progress to be taken in years one to four and relates more directly to the 'phase out of sponsorship including national sporting codes and cultural events' which was due to occur in years nine to eleven.



In response to the ineffectiveness of the current voluntary Alcohol Beverages Advertising Code (ABAC) in regulating alcohol industry advertising and marketing practices, a new independent body has been established, the Alcohol Advertising Review Board (AARB). Whilst AARB decisions will hold no regulatory weight, they will present an opportunity to for community members to raise complaints.<sup>35</sup> The AARB is an initiative of the McCusker Centre for Action on Alcohol and Youth and Cancer Council WA.

The Government has tasked ANPHA to monitor and review evidence of alcohol advertising to children and young people and also to make submissions to the Children’s Television Standards and other relevant reviews.<sup>36</sup> ANPHA’s 2011-12 Operational Plan included a role for the Alcohol Expert Committee to ‘establish monitoring and review processes and evidence in areas that include: industry compliance with voluntary codes on advertising to children’. The first report on monitoring was due on 30 June 2012.

This action was changed in ANPHA’s 2012-13 Operational Plan to: ‘Review alcohol industry’s voluntary code on advertising and the effectiveness of the code in addressing community concerns’. Consultation and analysis was to be completed by March 2013, with a report to the Minister in June 2013. An issues paper *Alcohol advertising: The effectiveness of current regulatory codes in addressing community concerns* was released in December 2012 and a consultation process was held. However advice has not yet been provided to the Minister.

### Action 3.2

*Introduce enforceable codes of conduct requiring national sporting codes to take greater responsibility for individuals’ alcohol-related player behaviour.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).


#### Government response

‘As part of the National Binge Drinking Strategy announced in March 2008, the Government has provided \$2 million in funding support for the Club Champions program. Under this program, seven major sporting organisations – the Australian Football League, the National Rugby League, the Australian Rugby Union, Cricket Australia, Football Federation Australia, Netball Australia and Swimming Australia – have agreed to a National Code of Conduct, which outlines principles for the responsible service and consumption of alcohol and responsibilities for sporting organisations and for individuals. The program aims to help foster leaders in the promotion of responsible drinking practices within sporting clubs.’<sup>37</sup>

#### Information relating to this action



Action being progressed



A Government initiated code of conduct has been established by National Sporting Organisations to take greater responsibility of alcohol-related player behaviour, the National Alcohol Code of Conduct.<sup>38</sup> The Code is not enforceable.

Seven National Sporting Organisations signed up to the national code in January 2009. The code formed part of the National Binge Drinking Strategy and covers issues such as responsible service of alcohol, responsible consumption of alcohol and responsibilities for sporting organisations and individuals. The organisations that are party to the code of conduct are the Australian Football League, the National Rugby League, the Australian Rugby Union, Cricket Australia, Football Federation Australia, Netball Australia and Swimming Australia. It is not apparent whether the code is still current.

### **Action 3.3**

*Require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol, including:*

- *the current NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol;*
- *text and graphic warnings about the range of health and safety risks of alcohol consumption;*
- *nutritional data;*
- *ingredients; and*
- *clearly legible information on the amount of alcohol by volume and number of standard drinks.*

### **Expected progress years 1-4 (2009 – 2013)**

‘Introduce requirements for health advisory information’.<sup>39</sup>

Due for completion year 4.

### **Government response**

‘The Government notes this recommendation and is giving it further consideration.

There is currently a requirement in Australia and New Zealand for labels on alcohol beverages to include a declaration of alcohol by volume and the number of standard drinks in the container.

Food Standards Australia New Zealand (FSANZ) is currently considering an application for the labelling of alcohol beverages with a pregnancy health advisory label.

A report from FSANZ on the evidence around the effectiveness of health warning labels on alcohol has been provided to COAG for consideration alongside the report from the MCDS on options to address binge drinking.<sup>40</sup>

## Information relating to this action



### Action being progressed

The Australia and New Zealand Food Regulation Ministerial Council commissioned an independent review of food labelling law and regulation, led by Dr Neal Blewett. A report of the review findings was released in January 2011 entitled *Labelling Logic* and contained four recommendations regarding alcohol product labelling, including 'that generic alcohol warning messages be placed on alcohol labels but only as an element of a comprehensive multifaceted national campaign targeting the public health problems of alcohol in society'.

The Review also recommended 'that a suitably worded warning message about the risks of consuming alcohol while pregnant be mandated on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages, as support for ongoing broader community education'.<sup>41</sup>

In response to this, some alcohol industry representatives have moved to initiate voluntary schemes for the inclusion of consumer information labels on alcohol products. In 2011, the alcohol industry funded *DrinkWise* launched consumer information messages to be included on alcohol product containers voluntarily. The messages were 'kids and alcohol don't mix', 'Is your drinking harming yourself or others?' and 'It is safest not to drink while pregnant'.<sup>42</sup> In response to the *DrinkWise* initiative, public health bodies have voiced concerns that these messages are not health 'advice' and do not subscribe to evidence-based research about the efficacy of health warning labels.

The Legislative and Governance Forum on Food Regulation (FoFR) is progressing the introduction of a mandatory pregnancy warning label for alcohol, however no further action has been taken on the generic alcohol warning message. FoFR's response to the recommendation relating to pregnancy warning labels was that 'pursuing warnings about the risks of consuming alcohol while pregnant is prudent but, noting the voluntary steps industry has taken in this area, has suggested that industry should be allowed a period of two years to adopt voluntary initiatives before regulating for this change'.<sup>43</sup>

In the most recent meeting of FoFR held on 14 June 2013, a decision was made to evaluate the alcohol industry's current voluntary efforts to introduce pregnancy warning labels for alcohol, and FSANZ was asked to 'provide advice on the steps that would be required to regulate'.<sup>44</sup>

#### Action 3.4

*Require counter-advertising (health advisory information) that is prescribed content by an independent body within all alcohol advertising at a minimum level of 25% of the advertisement broadcast time or physical space.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).



### Government response

'The Government notes this recommendation. The Government approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation. If these approaches are not successful or sustained, the Government will consider stronger measures.'<sup>45</sup>

### Information relating to this action



#### Action not being progressed

This recommendation has not been adopted. Based on the Government response, it is unlikely to be enacted.

## Key Action Area 4: Reform alcohol taxation and pricing arrangements to discourage harmful drinking

### Action 4.1

*Commission independent modelling under the auspices of Health, Treasury and an industry panel for a rationalized tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.*

#### Expected progress years 1-4 (2009 – 2013)

'Commission modelling'.<sup>46</sup>

Due for completion year 4.

#### Government response

The Commonwealth Government considers that it has already conducted an independent review on alcohol taxation, that being the Henry Tax Review.

The Government response to the Henry Tax Review stated that 'the Government has decided not to amend alcohol taxation further while Australia is in the middle of a wine glut and while there is an industry restructure under way'.<sup>47</sup>

#### Information relating to this action



#### Action not being progressed

The Henry Review examined alcohol taxation in Australia and made recommendations regarding alcohol taxation. The Commonwealth Government immediately responded to this recommendation indicating that it would not introduce the recommendation on alcohol taxation as made by the Henry Review.

The Commonwealth Government's response to this Action demonstrates that there is no commitment to undertaking this in the future.

### Action 4.2

*Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promote safer consumption.*

#### Expected progress years 1-4 (2009 – 2013)

'Develop the public interest case'.<sup>48</sup>

## Government response

'The Commonwealth Government notes this recommendation and will task ANPHA to develop this concept for further consideration by Government'.<sup>49</sup>

## Information relating to this action



### Completed

ANPHA undertook a consultation process into *Exploring the public interest case for a minimum (floor) price for alcohol* in 2012. Advice was provided to the Minister as a result of this process in 2013.

The final advice provided by ANPHA to the Minister is unknown, however the Draft Report recommended that 'a minimum price for alcohol should not be introduced nationally at this time' and that 'use of such a regulatory measure should continue to be considered, where it can be effective, in more local circumstances in Australia'. The Report also recommended that the 'Wine Equalisation Tax is of concern and requires reappraisal'.<sup>50</sup>

### Action 4.3

*Direct a proportion of revenue from alcohol taxation towards initiatives that prevent alcohol-related societal harm.*

## Expected progress years 1-4 (2009 – 2013)

'Years 1-4 and ongoing'.<sup>51</sup>

## Government response

'A portion of the revenue derived from the alcopops excise is being directed towards funding of the \$872.1 million COAG National Partnership Agreement on Preventive Health. In addition, following the passage of the alcopops legislation, the Government has announced a \$50 million package of additional measures under the National Binge Drinking Strategy in the 2010–11 Budget'.<sup>52</sup>

## Information relating to this action



### Action being progressed

Some revenue from alcohol taxation was used to fund initiatives to prevent alcohol-related harm. However this has not been ongoing.

In order to continue to achieve this recommendation, there needs to be an ongoing commitment to use other alcohol taxation revenue in a similar way.



## Key Action Area 5: Improve the health of Indigenous Australians

### Action 5.1

*Increase access to health services for Indigenous people who are drinking at harmful levels through:*

- *providing resources to primary healthcare providers;*
- *training of staff, including Indigenous health workers;*
- *expanding both community-based and residential alcohol treatment programs; and*
- *increasing health service capacity to facilitate coordinated case management of alcohol-dependent persons.*

### Expected progress years 1-4 (2009 – 2013)

‘Development of a coordinated implementation plan to expand alcohol treatment programs in the community as well as residential and improve coordinated care’.

### Government response

‘The Commonwealth Government agrees in principle with this recommendation. The Commonwealth Government has demonstrated its support for increasing the access to health services for Indigenous people who are drinking at harmful levels through commitments including:

- Investment of \$49.3 million over four years from 2008–09 for additional Indigenous alcohol and other drug services across Australia under the COAG’s 2007 Closing the Gap – Indigenous drug and alcohol services measure. This investment is providing additional resources to primary health care providers and community-based treatment services to expand access to alcohol and other drug services, particularly in regional and remote areas. It is also funding the establishment of new alcohol and other drug residential treatment and rehabilitation services for Indigenous people affected by alcohol.
- The Commonwealth Government continues to invest (\$30.2 million in 2009–10) in the Aboriginal and Torres Strait Islander Substance Use Program. This program supports the ongoing operation of more than 120 organisations that provide, or support, alcohol and other drug treatment and rehabilitation services in both the primary health care and specialised residential alcohol treatment settings.
- Investment of \$13.4 million since 2007–08 through the Northern Territory Emergency
- Response (NTER) and related measures to provide additional drug and alcohol services in the Northern Territory. This investment has increased the capacity of existing residential treatment services, expanded the number of alcohol and other drug workers in the primary health care setting and is providing support and training for the increased workforce.
- Investing \$10.7 million over four years to support Indigenous-specific alcohol and other drug treatment programs in areas of high need through the Non Government Organisation Treatment Grants Program;
- Investing over \$20 million over four years to build capacity in Indigenous communities to manage alcohol and other drug issues’.<sup>53</sup>

## Information relating to this action



### Action being progressed

In May 2013, the National Indigenous Drug and Alcohol Committee (NIDAC) consulted across Australia on behalf of the IGCD Committee on Drugs National Aboriginal and Torres Strait Islander Peoples Drug Strategy (NATSIPDS) Working Group. These consultations will inform the development of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy.

There are concerns regarding the gaps in Alcohol and Other Drug service provision that is culturally specific and appropriate for Aboriginal and Torres Strait Islander people. This concern and the need for a coordinated approach was again highlighted following the 2011 Department of Health and Ageing Flexible Funding Rounds. A review is currently underway to address this issue.

Under the 2007 COAG Closing the Gap – Indigenous Drug and Alcohol Services Measure, \$49.3 million was provided over four years (2008-09 to 2011-12) to increase drug and alcohol treatment and rehabilitation services, particularly in remote Indigenous communities. ‘Priorities for the 2007 COAG measure include the:

- establishment of new residential rehabilitation facilities in WA, SA, ACT and Queensland;
- establishment and enhancement of Wellbeing Centres in Queensland;
- establishment of transitional after care and non-residential services in NT, NSW, Queensland and Tasmania;
- enhancement or continuation of existing services in WA, NSW, Queensland, Victoria and NT’.<sup>54</sup>

In the *Commonwealth Action Plan to Reduce the Impact of Fetal Alcohol Spectrum Disorders 2013-14 to 2016-17*, actions have been included to support the ‘prevention and management of FASD within Indigenous communities’. This includes enhancing the capacity of maternal and child health services to prevent and manage FASD in Indigenous communities.

#### Action 5.2

- *Support local initiatives in Indigenous communities, including:*
- *restricting the physical availability of products;*
- *reduce the number, density and/or opening hours of licensed premises in areas of high alcohol-related harm;*
- *strengthening enforcement of RSA; and*
- *establishing local groups of senior Indigenous men and women to promote greater individual and family responsibility in relation to alcohol.*

### Expected progress years 1-4 (2009 – 2013)

‘Years 1-4 and ongoing’.<sup>55</sup>



## Government response

'The Government notes this recommendation. The Government believes that the consumption of alcohol at risky and harmful levels can affect the lives of individuals, families and communities and as such all available steps should be taken to reduce that harm. The Government encourages state, territory and local government to introduce measures to restrict the supply of alcohol wherever an unacceptable level of harm is being experienced. The Government believes that alcohol management measures that are developed in consultation with local communities maximize the chance of achieving successful outcomes and hence strongly supports the introduction of such arrangements.

Under the NTER, alcohol restrictions were introduced in Northern Territory Indigenous which:

- banned drinking, possessing, supplying or transporting liquor in prescribed areas,
- with some exemptions, including for some recreational, tourism and commercial
- fishing activities; and
- introduced administrative measures to monitor larger takeaway sales across the whole of the Northern Territory'.<sup>56</sup>

Moving to local restrictions will be based on evidence about matters including the level of alcohol-related harm in a community and whether a community-based alcohol management plan is in place. Where a proposed alcohol management plan for a community or region requires the variation of some of the existing NTER alcohol restrictions in the legislation for that area, the Government will consider evidence about the level of alcohol-related harm in that area before approving changes. In addition, the Government will closely monitor trends in alcohol-related harm in communities and, if it is necessary, the Minister for Families, Housing, Community Services and Indigenous Affairs will have the capacity to reimpose the existing alcohol restrictions.


The 2009 NTER consultations showed that among members of Indigenous communities affected by alcohol-related harm, there was a wide recognition of the benefits of alcohol restrictions and there was a strong consensus that alcohol restrictions should continue. The restrictions will be continued for the purpose of reducing alcohol-related harm and ill-health in the communities but communities will be able to negotiate alternative alcohol management plans or other local arrangements which aim to reduce alcohol related harm. The Government believes that the alcohol restrictions are a necessary tool to assist in the protection of members of the communities from alcohol-related harm. Importantly, each community will be able to have a significant say in the form of alcohol restrictions in their community in the future, including in the development of an alcohol management plan tailored for their community'.<sup>57</sup>

## Information relating to this action



### Action being progressed

The Commonwealth Government and some states and territories, such as WA have continued to support the development of Alcohol Management Plans. In February 2013 the



Commonwealth Government released minimum standards for Alcohol Management Plans to support communities in developing Plans.

Since 2002, Queensland has declared 19 discrete Aboriginal communities as alcohol restricted areas. These alcohol restrictions form just one part of a Community Alcohol Management Plan which includes dry place declarations in the home, bans on home brew, increased health and social services, recreational activity, improved housing and economic development opportunities.<sup>58</sup> However there are some concerns that the current Queensland Government is looking to ease these restrictions.

A new Commonwealth Government initiative entitled *Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities Activity* has recently been launched and aims to develop and implement Alcohol and Substance Abuse Management Plans and provide youth substance abuse prevention programs. The initiative will initially target four communities or regions in South Australia (SA), Queensland, NSW and WA.<sup>59</sup>

### **Action 5.3**

*Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.*

### **Expected progress years 1-4 (2009 – 2013)**

'Identify options to enhance data collections on alcohol and drug use among Indigenous people'.<sup>60</sup>

### **Government response**

'The Australian Bureau of Statistics collects population statistics on risk factors including alcohol and drug use among Indigenous Australians on a three yearly basis through two major national surveys – the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey. These surveys specifically target an enhanced sample of around 10,000 Indigenous Australians to provide state and national estimates of health outcomes, risk factors and health care use. A suite of questions are included on alcohol and drug use in terms of both short term and long term risk'.<sup>61</sup>

In relation to the analysis of data on risk factors including alcohol and drug use for Indigenous Australians, there are a number of mechanisms in place to provide a systematic approach. The Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) monitors Indigenous health outcomes, determinants of health including risk factors, and health system performance on a biennial basis. The HPF provides an authoritative evidence base utilising 50 national data collections and the research literature to monitor progress on 71 indicators. The alcohol and drug use indicators utilise data from the national surveys identified above. A suite of around 1,000 tables and graphs is prepared as part of this project to provide analysis for each indicator of progress over time, comparisons with the non-Indigenous population and analysis by sex, state and remoteness. Analysis is also prepared on the relationship between social determinants of health, risk factors and health

outcomes. The HPF provides a systematic approach to ongoing analysis and monitoring of alcohol and drug use among Indigenous Australians.<sup>62</sup>

### Information relating to this action



#### Completed

There are a number of surveys and reviews which collect data on alcohol and drug use among Aboriginal and Torres Strait Islander peoples. The most recent National Aboriginal and Torres Strait Islander Survey will go out into field in 2014 and provide information on alcohol use among Indigenous Australians.

Other regular reports that include data on Aboriginal and Torres Strait Islander alcohol and drug use are issued by the Steering Committee for the Review of Government Service Provision and the COAG Reform Council. These reports cover performance indicators on alcohol use collated in both the National Indigenous Reform Agreement and the National Healthcare Agreement.

#### Action 5.4

*Establish and fund a multi-site trial of alcohol diversion programs.*

### Expected progress years 1-4 (2009 – 2013)

‘Identify trial methodology and sites, and evaluative research component’.<sup>63</sup>

#### Government response

‘The Government notes this recommendation.

In recognition of the importance of diversion programs in helping to address substance misuse in Indigenous communities, particularly among youth, the Government has provided significant funding in support of a range of youth diversion activities through the Petrol Sniffing Strategy, the NTER: Youth Alcohol Diversion measure and the Closing the Gap: Youth in Communities measure.

Under the Youth Alcohol Diversion measure, \$8.5 million was provided in 2007–08 and a further \$8.8 million in 2008–09 for projects aimed at strengthening the social environment as a safeguard against future incidents of substance abuse, tailored to each community’s needs and targeting youth 12 to 18 years of age.

Further funding of \$28.4 million over three years has been provided as part of the Closing the Gap: Youth in Communities measure to enhance the quantity, quality and cohesion of youth services in the Northern Territory Indigenous communities.

This funding will continue the important work commenced under the Youth Alcohol Diversion measure’.<sup>64</sup>

## Information relating to this action



### Action being progressed

The Government has provided funding to a number of youth diversion activities and programs. An evaluation of these programs is needed to meet the expected progress of this recommendation in years one to four of the Strategy.

\$28.4 million has been provided to the Closing the Gap: Youth in Communities measure which has continued the work of the Youth Alcohol Diversion measure initiated in 2007-2008 to 2008-2009.

According to the Closing the Gap in the NT Monitoring Report 2011, 3,800 Indigenous young people in the NT attended activities provided under this program from January 2011 to July 2011. This was a 68% increase from the previous reporting period. A total of 21 projects were funded to provide youth worker services, youth diversion activities and infrastructure projects.<sup>65</sup> In July to December 2011, a further 9,134 young Indigenous people in the NT participated in Youth in Communities activities.<sup>66</sup>

At present, alcohol diversion programs do exist in WA and Queensland but in the context of the criminal justice system and the child protection system. For example, in Queensland, Indigenous parents with alcohol-related problems may be referred to the 'child safety program' if they are currently involved in proceedings in the children's court regarding child protection issues. Similarly, an Indigenous person involved in criminal proceedings may be given the option to participate in an alcohol diversion program as part of their bail conditions.<sup>67</sup>

### Action 5.5

*In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.*

### Expected progress years 1-4 (2009 – 2013)


'Invite expressions of interest from local communities to establish and/or expand night patrols and sobering-up shelters'.<sup>68</sup>

Due for completion year 4.

### Government response

'The Government is committed to strengthening community safety in Indigenous communities, including remote communities.

The Government has committed to funding night patrols under the NTER for a further three years. Under the Closing the Gap Northern Territory initiative, night patrol services will receive almost \$68 million over 2009–10 to 2011–12 to support community safety in communities within the Northern Territory. This funding is for the continued operation of



night patrol services in 81 Northern Territory communities, including the 73 NTER communities and town camps.<sup>69</sup>

### Information relating to this action



#### Action being progressed

According to the *Closing the Gap in the NT Monitoring Report*, from January to June 2011 night patrol services assisted approximately 5,155 people to a recognised safe place (house) and 54,695 people to a safe place including referral to other services (not including a recognised safe house).<sup>70</sup> From July to December 2011, night patrol services were active in 80 NT communities and assisted in approximately 81,476 incidents, representing a significant increase.<sup>71</sup>

The Commonwealth Government recently announced that it would provide funding for night patrol services in the NT after their funding was cut by the NT Government.<sup>72</sup>

## Key Action Area 6 – Strengthen, skill and support primary healthcare to help people in making healthy choices

### Action 6.1

*Enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems by:*

- *reviewing the incentive structure for alcohol-related health checks in the primary healthcare settings that are both universal and targeted at high-risk groups;*
- *further developing their role in coordinating collaborative initiatives such as individual and group referral programs for alcohol-related risk factors;*
- *increasing the uptake of pharmacotherapy treatment for alcohol dependence, by GPs and specialist alcohol and drug treatment services; and*
- *promoting the NHMRC guidelines on low risk drinking.*

### Expected progress years 1-4 (2009 – 2013)

- 'Review current incentives for alcohol-related health checks.
- Develop training and support for primary health workforce'.<sup>73</sup>

### Government response

'The Government is promoting the NHMRC Guidelines on low risk drinking (see Action 7.1 below).

In 2008, the Government provided funding of around \$217,000 to update the 2003 *Guidelines for the Treatment of Alcohol Problems* to take account of the 2009 NHMRC Alcohol Guidelines.

The Government agrees that primary healthcare organisations and Medicare locals have a critical role to play in preventing and responding to alcohol-related health problems. The Government will discuss the role of primary care, community drug and alcohol treatment services and mental health services in this area, with state and territory governments and other stakeholders through MCDS.

Possible reforms to alcohol and drug treatment services will be the subject of a report back to COAG in December 2010'.<sup>74</sup>


### Information relating to this action



#### Action being progressed

In February 2010, DoHA released updated Guidelines for the Treatment of Alcohol Problems for health practitioners.<sup>75</sup> The Guidelines include screening, assessment and treatment planning, brief interventions, alcohol withdrawal management, psychosocial interventions, pharmacotherapies for alcohol dependence, self-help programs, comorbidities and aftercare and long-term follow-up.





DoHA has also supported the Lifescrpts program in the past, which provides general practitioners with tools to assist them to talk to consumers about a range of lifestyle factors including alcohol. According to the DoHA website, the Lifescrpts program is under review and updated information was to be provided in 2011.<sup>76</sup> This update is now well overdue.

DoHA has also provided funding to FARE to work with health professionals to encourage them to talk to consumers in the pre-natal period about the NHMRC Guidelines.

While these projects have been undertaken, work has been ad hoc and an ongoing program which involves the development of guidelines and support for implementing these guidelines in practice has not been undertaken.

#### **Action 6.2**

*Develop a more comprehensive network of alcohol-related referral services and programs to support behaviour change in primary healthcare by:*

- *implementing quality standards and an accreditation system;*
- *brokering through existing primary healthcare services;*
- *strengthening links with general practice and community-based alcohol and drug services and coordinating through primary healthcare organisations;*
- *including the role of practice nurses; and*
- *utilising the Headspace (youth mental health promotion) service sites.*

#### **Expected progress years 1-4 (2009 – 2013)**

‘Establish quality standards and identify referral network’.<sup>77</sup>

#### **Government response**

‘Possible reforms to alcohol and drug treatment services will be the subject of a report back to COAG in December 2010’.<sup>78</sup>

#### **Information relating to this action**



#### **Action being progressed**

The Government is currently undertaking a review of alcohol and drug treatment services. In addition, the Government has funded the Turning Point Alcohol and Drug Centre to conduct a ‘patient pathways study’ to better understand patient flows in drug and alcohol treatment services and the linkages between treatment services and primary and community care settings in providing interventions.<sup>79</sup>

A web tool, *Preventive Health Matters* has been created to support evidence based prevention for Medicare Locals. The tool has been ‘purposely developed to facilitate the knowledge transfer between Medicare Locals and to harness the use of research and evidence to improve the planning, implementation and evaluation of preventive health initiatives’.<sup>80</sup>

### Action 6.3

*Increase access to primary healthcare services and improve health outcomes for hard-to-reach disadvantaged individuals who are at risk of alcohol-related health problems by:*

- *limiting the costs of primary healthcare for disadvantaged groups, such as co-payments;*
- *providing outreach and culturally appropriate services; and*
- *providing opportunities for brief interventions for alcohol when also addressing other key health risks such as smoking and/or obesity.*

### Expected progress years 1-4 (2009 – 2013)

'Identify existing barriers to primary healthcare for hard-to-reach disadvantaged individuals'.<sup>81</sup>

### Government response

'The Government will consider this in the context of the establishment of the Medicare Locals announced as part of the National Health Reform Plan is rolled out [sic].

The Government recognises the effectiveness of brief interventions in the treatment of alcohol misuse. Brief interventions are short, one-on-one counselling sessions. They involve screening, to identify the extent of a person's alcohol or other drug problem, and the provision of information to increase a person's awareness of the negative consequences of alcohol use and the likelihood that they will seek more formal treatment, if required.

A considerable body of evidence suggests that brief interventions are the most effective treatment for people who consume alcohol at risky and high risk levels, but who have not progressed to severe dependency. While these people can benefit most from brief interventions, they are unlikely to approach treatment services about their drinking. However, many are likely to come in contact with welfare services and the criminal justice system. For others, their drinking problems might become evident to those around them in their school, workplace or sporting club.

The Government, working with the Australian National Preventive Health Agency and NHMRC as appropriate, will bring together the evidence with respect to best practice brief interventions across a range of settings and publish a guide for practitioners in 2012.<sup>82</sup>

### Information relating to this action



#### Action being progressed

Brief interventions are not routinely undertaken in the practice of health professionals. Health professionals have a range of competing priorities and need to be supported to undertake brief interventions for alcohol in their everyday practice. There are some programs underway to support this, which are referred to under Action 6.1.

## Key Action Area 7 – Build Healthy Children and Families

### Action 7.1

*Protect the health and safety of children and adolescent brain development by:*

- *developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/ guardian consent; and*
- *promoting informed community discussion about the appropriate age for young people to begin drinking.*

### Expected progress years 1-4 (2009 – 2013)

'Years 1-4'.<sup>83</sup>

Due for completion year 4.

### Government response

'The Commonwealth Government has produced a range of materials to promote the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* prepared by the NHMRC. These Guidelines include the following:

3A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

3B. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

Materials setting out these messages for parents are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from [www.alcohol.gov.au](http://www.alcohol.gov.au)'.<sup>84</sup>

'COAG will consider the MCDS report to COAG on options to reduce binge drinking in 2010. This report contains several proposals with regard to the secondary supply of alcohol to minors and the education of parents on this issue'.<sup>85</sup>


The Commonwealth Government will raise strengthening and evaluating legislation in this area, and moving to a nationally consistent approach with states and territories'.<sup>86</sup>

### Information relating to this action



#### Action not being progressed

Nationally consistent principles and practices on the secondary supply of alcohol to minors have not been developed and there has been no broad community education on this issue. Some states and territories have secondary supply laws including NSW, Queensland,



Tasmania, Victoria and the NT. However these are not consistent across jurisdictions. For example in Tasmania and Queensland there are irresponsible supply laws which require the parent, guardian or responsible adult to supervise the consumption of alcohol by the young person.

The Australian Drug Foundation has launched a program called *The other talk* which provides information to parents on talking to young people about alcohol and drugs. This website includes information on secondary supply laws.

The ANPHA Operational Plan 2011-12 under Key Result Area 2.4, commits to working with the alcohol expert committee to establish monitoring and review processes and evidence on standards and policy options around secondary alcohol supply to minors. An options paper on national standards and policy options is to be completed by 30 June 2012.<sup>87</sup> This has not yet occurred and this action was not included in ANPHA's 2012-13 Operational Plan.

#### **Action 7.2**

*Support parents in managing alcohol issues at all stages of their children's development through community-level approaches including:*

- *broad dissemination and implementation of the NHMRC guidelines on the risks of alcohol consumption for young people aged under 18 years and for women who are pregnant or breastfeeding;*
- *school-based parent networking for mutual support and information sharing;*
- *local policing programs to proactively liaise with families, schools and communities at times when alcohol may pose risks to the health and safety of young people; and*
- *provision of practical advice for handling alcohol issues among children and adolescents at key life stages and settings, including commencement of secondary education, in sport settings, during periods of stress, at times of family disruption or breakdown, and in school leaving years.*

#### **Expected progress years 1-4 (2009 – 2013)**

'Develop information and materials and dissemination strategy'.<sup>88</sup>

#### **Government response**

'The Commonwealth Government has produced a range of materials to promote the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol, as set out against recommendation 7.1.

The Department of Health and Ageing is also providing funding of \$90,200 over two years for Turning Point Alcohol and Drug Center [sic] to develop a website which will provide parents with adolescent children with an on-line assessment of their alcohol-related parenting strategies and feedback on what they are doing well and where improvements are possible. Based on the on-line assessment, the project will also provide an optional e-mail intervention for parents who want to improve their alcohol-related parenting.<sup>89</sup>

## Information relating to this action



### Action being progressed

Government funding has contributed towards community-level programs that both raise awareness and support parents in managing alcohol issues throughout the different stages of their children's development. However, in order to fully achieve the expected progress of this recommendation in years one to four of the Strategy, a dissemination strategy needs to be developed to include school-based parent networking and also the much broader and effective dissemination of the NHMRC Guidelines.

The University of Melbourne, Turning Point Drug and Alcohol Centre, Monash University and Orygen Youth developed a website *Parenting Strategies: Preventing Adolescent Alcohol Misuse*, which includes an online survey that assesses a given parent's parenting practices around alcohol and their child followed by feedback on effective ways for parents to handle the issue of alcohol during adolescence.<sup>90</sup>

In regards to the provision of local policing programs, in 2010 the Federal Government launched the *National Youth Policing Model*.<sup>91</sup> The model sets out a best-practice guide for policing crime and anti-social behaviour by young people and as part of the model addresses the issue of alcohol and drug abuse. There are also a number of initiatives at the jurisdictional levels that address alcohol and drug use among young people.

### Action 7.3

*Measure the impact of harmful consumption of alcohol on families and children by ensuring all population surveys that collect data to monitor drug use and drug trends across Australia collect information on parental status or childcare responsibilities of drinkers.*

### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 (2014 – 2017).

### Government response

The 'Commonwealth Government will explore this recommendation with the Australian Bureau of Statistics and the AIHW before the Institute undertakes the next National Drug Strategy Household Survey in 2013. This recommendation will also be explored with regard to other relevant data collections'.<sup>92</sup>

## Information relating to this action



### Completed

The 2010 National Drug Strategy Household Survey asked respondents questions about their household including whether they are a 'couple living with dependent children', or a 'single



parent with dependent children’, or a ‘couple’ or ‘single’ ‘parent with dependent and non-dependent children’. It also asks respondents the ages of their children.

## Key Action Area 8 – Strengthen the Evidence Base

### Action 8.1

*Develop a system for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations that includes:*

- *funding for data collection and provision by the alcohol beverage and related industries;*
- *funding for regular and ongoing data management, analysis and reporting by the Australian Bureau of Statistics; and*
- *continuation of current accessible datasets on alcohol consumption levels in Australia, collected and compiled by the Australian Bureau of Statistics.*

### Expected progress years 1-4 (2009 – 2013)

‘Fund data collection’.<sup>93</sup>

### Government response

‘The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.

Wholesale alcohol sales data, if collected regularly, can be a valuable indicator of trends in alcohol consumption. It can be used, for example, to demonstrate the effectiveness of jurisdictional changes in alcohol policy. Information about volumes of alcohol sold is also a basic requirement for estimating and comparing how much alcohol is consumed within regions, within communities, or per person. The Commonwealth Government is funding the Drug and Alcohol office of Western Australia and the NDRI at Curtin University of Technology to develop an ongoing, regularly updated, national database of standardised alcohol sales data, to which all Australian states and territories will be invited to contribute. At present, only Western Australia, the Northern Territory and Queensland collect this information.’<sup>94</sup>

### Information relating to this action



#### Action not being progressed

The Commonwealth Government, through the IGCD, is funding the NDRI to develop an ongoing and regularly updated national database of alcohol sales data, to which all Australian states and territories have been invited to contribute. For further information on the National Alcohol Sales Data Project (NASDP) refer to Action 1.7.

Also in the Draft Paper, *Exploring the Public Interest Case for a Minimum (floor) Price for Alcohol*, ANPHA recommends that ‘state and territory governments continue, or to initiate, the collection of wholesale sales data in order to enable and improve essential research and the collection of wholesale sales data in order to enable and improve the essential research and analysis required to inform evidence-based public policy decisions’.

Despite this NSW, Victoria, SA and Tasmania still do not collect alcohol sales data, and the data that is collected is not standardised.

#### Action 8.2

*NPA to define a set of essential national indicators on alcohol consumption and health and social impacts by reviewing what is currently available and what is also required.*

#### Expected progress years 1-4 (2009 – 2013)

'Years 1-4'.<sup>95</sup>

Due for completion year 4.

#### Government response

'...the Government is providing \$180,000 from 2009-10 to 2010-11 to develop a National Alcohol Knowledgebase (NAK) – a project that aims to standardise and improve the quality of alcohol data in Australia. The National Centre for Education and Training on Alcohol (NCETA) has been engaged to develop the NAK, which will include:

- An electronic and hard copy public reference document for alcohol-related information; and
- Nationally agreed standards and procedures for deriving and reporting alcohol related information.'<sup>96</sup>

#### Information relating to this action



#### Action being progressed

NCETA was commissioned to develop a National Alcohol Knowledgebase, which resulted in the preparation of two reports; *Australia's key alcohol-related datasets* and *Alcohol data reporting standards*. Together these two reports provide an overview of all alcohol-related datasets in Australia and standards for the consistent reporting of key alcohol indicators.

Within the 2011-12 ANPHA Operational Plan Key Result Area 4.1 (National Systems for Surveillance), it is specified that ANPHA will establish a consultative mechanism on national surveillance needs and opportunities. According to the Operational Plan, the consultation process should have been undertaken by 30 November 2011 and a consultation and review paper on surveillance should be issued by 30 June 2012.

A National Preventive Health Surveillance Forum was held on 2 April 2012 and a Report on Proceedings was released as part of this with recommendations for action. A 'National surveillance review paper' was to be released for consultation in March 2013 according to the ANPHA 2012-13 Operational Plan. However this did not occur.



### Action 8.3

*Expand the collection of patterns of drinking data to include place of drinking, duration of drinking occasion, and reasons for drinking.*

#### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8 and ongoing.

#### Government response

'The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.'<sup>97</sup>

'The \$54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the impact of alcohol, risky drinking behaviour and appropriate policy responses.'<sup>98</sup>

#### Information relating to this action



#### Completed

The National Drug Strategy Household Survey was carried out in 2010 by the Australian Institute of Health and Welfare and The Australian Health Survey was undertaken by the Australian Bureau of Statistics between 2011 and 2013. These surveys ask questions about alcohol consumption, including the amount of alcohol consumed, alcohol type, place of drinking and reasons for drinking.

### Action 8.4

*Improve utilisation of key datasets on the harm to drinkers and harm to others, including:*

- *police data including that relating to random breath testing, ignition interlock devices, and crimes against property and crimes against the person;*
- *child and family welfare agency data;*
- *health services data including hospitals, primary care services, ambulance services and specialist treatment services;*
- *local government data on management of public space, clean-up costs, noise issues and enforcement of local laws; and*
- *other relevant datasets including fire services, property insurance and medical insurance*

### Expected progress years 1-4 (2009 – 2013)

None expected until years 5-8.

### Government response

'The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.'<sup>99</sup>

### Information relating to this action



#### Action being progressed

There has been some action undertaken to utilise these datasets to prepare publications on the harm to drinkers and others. For example, *The Range and Magnitude of Alcohol Harms to Others*, which was carried out by the Centre for Alcohol Policy Research examined the harms that occur from alcohol on people other than the drinker. However the funding for this project ceases at the end of 2013.

Further work is required to ensure that data collected by various levels of Government on each of these indicators is utilised to inform research and policy.

## Conclusion

The study concluded that of the 32 actions specified, four had been completed, 18 had some progress against them and ten had not been progressed. The progress made against each of the actions classified by 'Key Action Area', is included in the table below.


Key Action Area	Completed	Some progress made	Action not being progressed
1. Improve the safety of people who drink and those around them.	0	3	4
2. Increase public awareness and reshape attitudes to promote a safer drinking culture in Australia.	0	1	2
3. Regulate alcohol promotions.	0	3	1
4. Reform alcohol taxation and pricing arrangements to discourage harmful drinking.	1	1	1
5. Improve the health of Indigenous Australians.	1	4	0
6. Strengthen, skill and support primary healthcare to help people in making healthy choices.	0	3	0
7. Build healthy children and families.	1	1	1
8. Strengthen the evidence base.	1	2	1
<b>Totals</b>	<b>4</b>	<b>18</b>	<b>10</b>

One area where a number of actions were adopted is improving 'the health of Indigenous Australians'. This is because of the activities being undertaken by the Commonwealth Government through programs such as *Closing the Gap* and *Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities*. Much of the work in Indigenous communities does focus predominantly on the NT however, which is problematic, as culturally specific services and programs are needed across the country.

Key achievements by Government over the four year period are:

- The development of the *Be the Influence* campaign by ANPHA, which provides replacement funding for National Sporting Organisations that agree to forgo alcohol industry sponsorship.
- Progressing the introduction of pregnancy warning labels for alcohol through the Food Labelling Review and Legislative and Governance Forum on Food Regulation.
- The development of advice for the Minister of Mental Health and Ageing on a minimum price for alcohol by ANPHA.
- The continuation of the collection of alcohol-related data through National Surveys such as the National Drug Strategy Household Survey and the Australian Health Survey.

The Key Action Area where the least progress was that relating to improving 'the safety of people who drink and those around them'. These actions are those that related to liquor licencing, where actions called for coordinated and national approaches to issues such as regulation and enforcement of liquor legislation. One reason why action was less likely to be progressed in this area is because the MCDS, which is the Ministerial Council with police and health representatives, was discontinued in 2010.



Generally, while there are several actions where some progress is being made, it is important to note that these activities are often ad hoc and time limited. For example the *Be the Influence* campaign only has funding until the financial year ending June 2013. Governments should look to developing a longer term strategy that has funding for periods beyond the traditional period of three to four years.

A coordinated and national approach is needed to ensure that further action is taken in progressing preventive health policy in the future. This includes the need for strong Commonwealth Government leadership, revised governance structures and a longer term plan with associated funding.

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## Appendix 1 – Report Card








-  Action not being progressed
-  Action being progressed
-  Completed

Action Area	Progress against action
1.1 States and Territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws.	
1.2 Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations.	
1.3 Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations.	
1.4 Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.	
1.5 Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls to: estimate and take into consideration the impact of proposed new alcohol outlets on outlet density levels, the health and safety of the local community, and neighbourhood amenity prior to granting a licence etc.	
1.6 Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.	
1.7 Support the above [actions] through: partnerships with health and law enforcement groups and the alcohol beverage and related industries, such as alcohol retailers, hoteliers, licensed clubs, local communities, and major event organisers; and data collection and monitoring of alcohol sales, policing, and health and social impacts.	
2.1 Develop and implement a comprehensive and sustained social marketing and public education strategy at levels likely to have significant impact, building on the National Binge Drinking Campaign and state campaigns.	
2.2 Embed the main themes and key messages within a broad range of complementary preventative health policies and programs, such as schools and tertiary education settings etc.	
2.3 Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries, including offering regular basic health checks for employees.	



3.1	In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including: advertising during live sport broadcasts; advertising during high adolescent/ child viewing; sponsorship of sport and cultural events, (e.g sponsorship of professional sporting codes; youth-oriented print media; internet-based promotions) etc.	
3.2	Introduce enforceable codes of conduct requiring national sporting codes to take greater responsibility for individuals' alcohol-related player behaviour.	
3.3	Require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol, including: the current NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol etc.	
3.4	Require counter-advertising (health advisory information) that is prescribed content by an independent body within all alcohol advertising at a minimum level of 25% of the advertisement broadcast time or physical space.	
4.1	Commission independent modelling under the auspices of Health, Treasury and an industry panel for a rationalized tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.	
4.2	Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promote safer consumption.	
4.3	Direct a proportion of revenue from alcohol taxation towards initiatives that prevent alcohol-related societal harm.	
5.1	Increase access to health services for Indigenous people who are drinking at harmful levels through: providing resources to primary healthcare providers etc.	
5.2	Support local initiatives in Indigenous communities, including: restricting the physical availability of products; reduce the number, density and/or opening hours of licensed premises in areas of high alcohol-related harm etc.	
5.3	Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.	
5.4	Establish and fund a multi-site trial of alcohol diversion programs.	
5.5	In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.	
6.1	Enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems by: reviewing the incentive structure for alcohol-related health checks in the primary healthcare settings that are both universal and targeted at high-risk groups etc.	
6.2	Develop a more comprehensive network of alcohol-related referral services and programs to support behaviour change in primary healthcare by: implementing quality standards and an accreditation system etc.	



6.3	Increase access to primary healthcare services and improve health outcomes for hard-to-reach disadvantaged individuals who are at risk of alcohol-related health problems.	
7.1	Protect the health and safety of children and adolescent brain development by: developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/ guardian consent etc.	
7.2	Support parents in managing alcohol issues at all stages of their children's development through community-level approaches including: broad dissemination and implementation of the NHMRC guidelines on the risks of alcohol consumption for young people aged under 18 years and for women who are pregnant or breastfeeding etc.	
7.3	Measure the impact of harmful consumption of alcohol on families and children by ensuring all population surveys that collect data to monitor drug use and drug trends across Australia collect information on parental status or childcare responsibilities of drinkers.	
8.1	Develop a system for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations.	
8.2	NPA to define a set of essential national indicators on alcohol consumption and health and social impacts by reviewing what is currently available and what is also required.	
8.3	Expand the collection of patterns of drinking data to include place of drinking, duration of drinking occasion, and reasons for drinking.	
8.4	Improve utilisation of key datasets on the harm to drinkers and harm to others.	

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