# A red light for preventive health: Assessing progress against the Preventative Health Strategy’s alcohol-specific actions

## Researchers

Foundation for Alcohol Research and Education

## 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’.

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
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.

## Outcomes

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.

## Recommendations

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.

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