

1 August 2023

Dr Robyn Greaves
Tasmanian Drug Strategy
Mental Health, Alcohol and Drug Directorate
Tasmanian Department of Health
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Dear Dr Greaves,

COMMUNITY CONSULTATION: TASMANIAN DRUG STRATEGY 2023-2028

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide input to the community consultation on the Tasmanian Drug Strategy 2023-2028.

This consultation is coming at a critical time in relation to alcohol harms. Right now, in Australia alcohol induced deaths are at their highest level in a decade, alcohol hospitalisations have increased by 27% over the past five years¹ and people accessing treatment for alcohol has increased by 37% over the last decade.² The actions that the Tasmanian Government take now can make a considerable difference to the health and wellbeing of people across the state.

FARE is the leading not-for-profit organisation working towards an Australia free from alcohol harms. We approach this through developing evidence-informed policy, enabling people-powered advocacy and delivering health promotion programs. Working with local communities, values-aligned organisations, health professionals and researchers across the country, we strive to improve the health and wellbeing of everyone in Australia.

The response below is structured around some of the questions in the Online Community Survey.

Vision, aim and principles

Vision. FARE supports the language of inclusion and safety, and avoiding stigma and discrimination.

Aim. FARE recommends using “*health, economic and social harms*”, rather than “*health, economic and social costs*”, which can focus attention more on quantitative economic costs, (rather than the human impact of the significant harms from alcohol and other drugs).

Principles. FARE recommends including the principle of taking a ‘social and commercial determinants of health’ approach. ‘Social determinants’ is currently listed in the Strategic objectives, but this should also be a Guiding Principle, for the entire approach, and these should also be extended to include commercial determinants of health. FARE recommends addressing commercial determinants of health by regulating the inherent conflicts of interest of alcohol companies and their lobbyists in regards to:

- political and policy access and influence (eg. exclude the alcohol industry from all alcohol policy processes and advisory groups, and ban alcohol industry political donations);

- promotions and marketing (introduce comprehensive government regulation of alcohol marketing); and
- regulate the rapid increase of alcohol availability (online sales and delivery of alcohol).

Strategic objectives

FARE recommends changing the language throughout the strategy from ‘*drink alcohol at risky levels*’ to ‘*use alcohol at high-risk levels*’. Using the expression “risky levels” implies that there are ‘zero-risk levels’. The National Health and Medical Research Council (NHMRC) “Australian guidelines to reduce health risks from drinking alcohol” do not use the expression “risky drinking” or “risky levels”.

Priority actions for four main drug types

FARE recommends that a specific Focus Area of Social and Commercial Determinants of Health be included, as they appear in the Strategic objectives and the Approaches, but do not have specific Activities attached.

Action Area 1: Prevention

FARE recommends that alcohol companies and their lobby groups be specifically excluded from any involvement in the development, delivery or promotion of “*evidence-based ATOD education and resources*” in Activity 1.4. This is due to the inherent conflict of interest between their profit motive and the reduction of harm from alcohol.

FARE recommends building on successful awareness campaigns that avoid stigma and discrimination such as FARE’s National Fetal Alcohol Spectrum Disorder (FASD) Awareness Campaign ‘*Every Moment Matters*’.³

Action Area 2: Alcohol

FARE supports the key activities in this Action Area, and recommends adding some brief detail to each as per below:

1. **FARE recommends** that alcohol companies and their lobbyists be specifically excluded from membership and any involvement in the **Alcohol Advisory Group**, as above, due to the inherent conflict of interest between profit motive and the reduction of harm from alcohol.
2. **FARE recommends** the **Alcohol Action Plan** follow the Priority Areas of Focus of the National Alcohol Strategy but include commitments to implement specific measurable activities.
3. **FARE recommends** the **FASD Action Plan** follow the priority areas of the National FASD Strategic Action Plan, and include commitments to raise the minimum age of criminal responsibility, and to implement community and criminal justice screening and support for FASD and other neurological disorders.

FARE recommends adding specific Activities around regulating the online sales and delivery of alcohol and alcohol promotion and marketing (especially digital marketing). While these are mentioned in the Consultation Paper as being considered for the Implementation Plans, they each require urgent attention during the life of this Strategy. Legislation has not kept pace with these rapidly changing issues and they are not currently included in a Key Activity in this Plan. Both the Queensland and the ACT Drug Strategies have included commitment in them to review the regulation of Online Sales and Delivery of Alcohol.

Action Area 6: Interventions and treatment

FARE supports the Key Activities of Action Area 6: Interventions and treatment. These Activities must prioritise the funding of treatment services, recognising the significant need, (alcohol is the leading ‘principal drug of concern’ at 49% of treatment episodes⁴), treatment services are significantly underfunded, (estimated unmet demand between 40% and 70%⁵), and the return on health investment in funding AOD treatment is about seven-fold.⁶

Action Area 7: Evidence base

FARE recommends that the implementation plans include commitments to policies which already have an identified evidence base. These include addressing systems, population and individual focussed policies mentioned above (eg. FASD prevention, online sales and delivery of alcohol, and digital alcohol marketing).

FARE recommends identifying evidence and data gaps and commissioning relevant research to address those gaps.

FARE recommends that alcohol companies and their lobbyists be specifically excluded from any funding or involvement in the development of the evidence base, due to the inherent conflict of interest between their profit motive and the reduction of alcohol harm.

The Consultation Paper

Much of the feedback addressed as outlined in the Consultation Paper on p. 13 is welcomed. Some of the items specifically excluded from this Strategy need addressing. For example, some items, such as zero alcohol, liquor licencing and online sales and delivery of alcohol will be considered in Implementation plans which the Strategy also notes on p. 10, 14 & 30. However, the strategy does not specify the timeframe or structure of the Implementation plans. By providing this information, it will help to ensure that these activities are pursued.

FARE recommends that the Strategy specify that there will be 2 Two-Year Implementation Action Plans covering each of the Action Areas, to be launched at the end of the first year of this Strategy (ie. 2025-26 and 2027-28). These Implementation Plans need to have more specific commitments to measurable actions.

The survey did not seek feedback on the Approaches (P. 17). FARE supports the structure of taking Systems, Population and Individual approaches. **FARE recommends** adding ‘social and commercial determinants of health’ into the systems approach (which also show up under Individual Approach as “*have access to safe, secure and affordable housing, education, employment and training opportunities and social and emotional support*”).

Thank you again for the opportunity to contribute to this consultation. At a time when alcohol induced deaths, hospitalisations and treatment service access is increasing, we need to ensure that Governments are doing all they can to prevent further harm and keep families and communities healthy, well and safe.

If you would like to discuss any part of this submission further, please contact Dr Aimee Brownbill, Acting Policy and Research Director, on aimee.brownbill@fare.org.au

Yours sincerely,



Caterina Giorgi

CEO

Foundation for Alcohol Research and Education

¹ AIHW (2023) *Alcohol, tobacco & other drugs in Australia*. <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol#Hospitalisations>

² AIHW (2023) *Alcohol and other drug treatment services in Australia annual report*. <https://pp.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/drugs-of-concern/alcohol>

³ FARE (2022) *Every Moment Matters* <https://everymomentmatters.org.au/>

⁴ AIHW (2023) *Alcohol and other drug treatment services in Australia: early insights* <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-aus/contents/key-findings/drugs-of-concern>

⁵ Ritter A, Chalmers J, Gomez M (2019) *Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model*. *J Stud Alcohol Drugs Suppl*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6377016/>

⁶ Ettner SL, Huang D, Evans E, et al (2006) *Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"?* *Health Serv Res*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681530/>