



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on draft National Alcohol Strategy 2018-2026

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to the National Alcohol Strategy 2018-2026. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the draft Strategy

Support for the Strategy

The PHAA supports the overall Strategy and commends the Government for renewing a National Alcohol Strategy after the previous one lapsed in 2011. With alcohol harms being so significant in Australian society, it is important that an agreed National Strategy is in place, and the PHAA is pleased that the period of uncertainty and lack of national strategic direction on alcohol policy since 2011 will end.

The PHAA supports the underlying principles of harm minimisation and the alignment of the Strategy with the National Drug Strategy with which there are clear overlaps. The additional principles of being evidence-based and practice-informed; coordinated and collaborative; innovative; people-centred and proportionate to the potential for harm are also supported by the PHAA.

The PHAA is particularly pleased to endorse the creation of a Reference Group to oversee the Strategy, with representation from all levels of Government, the non-government sector, health, policing and research. The explicit exclusion of industry from this Reference Group is a significant step forward for alcohol policy in Australia and is strongly supported by PHAA. The clear statement that “Australia does not support any ongoing role for industry in setting or developing national alcohol policy” (p24) is welcome.

A mid-point review and the oversight of the Reference Group will help to ensure that the Strategy is effective and is an important inclusion. Similarly, the inclusion of the literature with information on particular population groups is a welcome inclusion in the Strategy.

The PHAA supports the introduction of a minimum floor price on alcohol and is pleased to see this specifically nominated in the Strategy as an action.

Areas where the Strategy could be strengthened

While the PHAA supports the overall Strategy, there are a number of areas in which the document could be strengthened.

The PHAA endorses the recommendations in the submission from the National Alliance for Action on Alcohol and the Foundation for Alcohol Research and Education including:

- To set the target for reducing alcohol harms to 20% in line with the Australian Health Policy Collaboration Health Tracker 2025 target
- Strengthening data collection, monitoring and reporting mechanisms on progress
- Clearly outlined commitments to specific actions with timeframes in place of the current ‘opportunities for action’
- Committing to transitioning to a volumetric tax system for all alcohol products
- Progressing towards legislated controls on all forms of alcohol marketing
- Prioritising harm minimisation as the primary object of all alcohol legislation
- Strengthening enforcement of liquor licensing legislation and
- Introducing a ban on alcohol industry donations across all levels of government

Implementation and funding

The current draft of the Strategy does not provide any detail on how the Strategy will be implemented and funded. It is not clear if there will be an accompanying Implementation Plan, or if these details should be included in the Strategy document itself. Details such as timeframes for the actions, responsibilities, accountability, and amounts and sources of funding would be helpful inclusions, in order to take the Strategy from an aspirational document to a practical plan of action.

Aboriginal and Torres Strait Islander people

The draft Strategy recognises the disproportionate impacts of alcohol-related harm on Aboriginal and Torres Strait Islander people. The PHAA supports the identification of Aboriginal and Torres Strait Islander people as a priority population under each of the focus areas. However, there is no detail provided on how the 'opportunities for action' may relate to the priority populations or recognise that some actions will be more appropriate to particular populations than others. The Strategy should include specific reference to culturally safe and appropriate approaches.

The draft Strategy notes alignment with the National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019, which is supported by the PHAA. However, there is no detail provided regarding how this will work in practice, and the ways in which the two Strategies will work together and complement each other.

Priority 2: Managing availability, price and promotion

Under Priority 2 – Managing availability, price and promotion – the Strategy says on p16:

"The World Health Organization has identified that taxation, restricting availability and implementing bans on advertising are the most efficient strategies to minimise the harmful use of alcohol. There are highly cost-effective in reducing the alcohol-attributable deaths and disabilities at the population level...However, these present challenges for Governments to implement due to the conflicting needs of disparate stakeholders".

While recognising the realities of a corporate-driven world, the PHAA is concerned that this may be included to provide an excuse for inaction. Evidence-based policy is one of the stated key principles of the Strategy and should be prioritised. Where there is clear evidence, such as presented by the WHO, the 'conflicting needs of disparate stakeholders' must be secondary. The 'needs' of the alcohol industry to increase profits cannot be considered on an equal basis with evidence-based policy recommendations, and the overarching aim of the Strategy – to reduce harm caused by alcohol.

Similarly, the opportunities for action identified are currently too generic and vague in reference to restrictions on alcohol advertising. The draft Strategy acknowledges that the existing regulatory codes have been ineffective in protecting minors from exposure to alcohol promotion but does not provide clear and strong actions to address this. The aspirations and language in this section should be strengthened in line with the evidence-base, and clearly articulate commitments to:

- independent, legislated controls on alcohol advertising and promotion
- ending alcohol sponsorship and promotion at sporting events, cultural and music events

Priority 3: Supporting individuals to obtain help and systems to respond

The PHAA supports this priority and the actions identified, but believes that the indicators for change could be improved.

Currently a suggested indicator is the proportion of people with alcohol dependence receiving medical management. The ABS, PBS and National Minimum Dataset of Treatment are listed as the data source, but without a baseline nominated. A denominator for this indicator (the total number of people with alcohol dependence) would be difficult, at best, to obtain with any reliability. Also, the reason for the emphasis on medical management is unclear, especially given that the details of the suggested actions include broader treatment services. PHAA suggests that more appropriate, reliable and informative indicators of change may be obtained using data on the availability of treatment services including in rural and region areas, and waiting times for accessing treatment as an indicator of meeting demand.

Conclusion

PHAA supports the broad directions of the draft National Alcohol Strategy 2018-2026. However, we are keen to ensure successful and effective implementation in line with this submission. We are particularly keen that the following points are highlighted:

- The Reference Group specifically excluding the alcohol industry is strongly supported
- The current draft lacks detail on implementation and funding
- Public health and evidence must always be prioritised over industry

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the development of the National Alcohol Strategy.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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