



# QCAA Election Platform

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Alcohol policy: prioritising healthy choices

NOVEMBER 2017



## About QCAA

QCAA is committed to reducing alcohol-related harm. QCAA identifies and prioritises actions needed to reduce alcohol harms and improve the health and wellbeing of Queenslanders and ensures that these actions are raised with decision makers.

QCAA currently has 12 member organisations. These are:

- Australian Medical Association Queensland
- Collaboration for Alcohol Related Developmental Disorders
- Drug and Alcohol Nurses Australasia
- Drug ARM Australasia
- Foundation for Alcohol Research and Education (FARE)
- Healthy Options Australia
- Lives Lived Well
- Royal Australian College of Surgeons (Queensland)
- Salvation Army
- Queensland Alcohol and Drug Research and Education Centre
- Queensland Homicide Victims Support Group
- Queensland Network of Alcohol and other Drug Agencies

For further information about QCAA, visit [www.qcaa.org.au](http://www.qcaa.org.au) or contact the QCAA secretariat at [contactus@qcaa.org.au](mailto:contactus@qcaa.org.au).

## Setting the scene

Every Queenslander deserves to know that they will be safe from preventable harms associated with alcohol, whether they are out visiting licensed venues or at home with their families.

Over the past 10–15 years, Queensland Governments of both persuasions have been prompted to take action to address hazardous alcohol consumption, in light of the high levels of alcohol harm. Some important steps have been taken.

The evidence is clear. The most effective measures to reduce alcohol harm are the ones that address the price, availability and promotion of alcohol.

Significantly, the *Tackling alcohol-fuelled violence* measures introduced in 2016 address the supply of alcohol by reducing the availability of alcohol through a modest reduction in the late night trading hours of on-licensed premises. This action is part of a suite of measures that have been proven to be effective in New South Wales and overseas.

Queenslanders want these measures. They want to have the freedom to go out and not have to worry about being exposed to alcohol related anti-social behaviour and violence. They want to enjoy their time with friends and family, rather than be concerned about the safety of themselves and those around them.

Seventy-two per cent of Queenslanders support the late night trading measures introduced by the Queensland Government in July 2016 to reduce alcohol-related violence.

We need to see these measures through and give them the opportunity to take effect. Queensland must keep these measures in place so that they can be evaluated properly and the findings of the evaluation considered.

The late night trading measures are an important part of the strategy to reduce alcohol harm, but the harm from alcohol is much broader than just alcohol-fuelled violence in entertainment precincts. Alcohol can lead to a range of health and social problems, from chronic conditions such as cirrhosis, cancer, heart disease and stroke to short term harms associated with injury and traffic accidents. It is associated with mental health comorbidity,<sup>1</sup> pregnancy complications (including miscarriages, birth defects and Fetal Alcohol Spectrum Disorder), and is second only to tobacco as a leading preventable cause of death and hospitalisations in Australia.<sup>2,3</sup> Alcohol is a significant contributor to family violence and child maltreatment, involved in up to 67 per cent of family violence incidents reported to police and up to 47 per cent of child abuse cases in Australia.<sup>4</sup>

Queensland needs to address the other drivers of consumption such as the advertising of alcohol and price, and continue to look for ways to enable people to enjoy good health and wellbeing, throughout their lives.

The environment in which we live has a large influence on our attitudes and behaviours. Our families and our physical and social environments all play a role in shaping the way we think and behave. This means that in addition to taking action to increase community safety, we need to look for ways to create environments that encourage healthy decisions, support good health and wellbeing, and ensure that good evidence-based policy is adopted.

We need to denormalise the role of alcohol in our society and help people to recognise that hazardous drinking is not just someone else's problem. Ninety-two per cent of Queensland drinkers consider themselves a responsible drinker yet 35 per cent drink to get drunk.<sup>5</sup> Changing this behaviour is challenging. Calls for people to take responsibility for their own behaviour are well intentioned but they lack an appreciation of the bigger picture. We are bombarded with messaging that tells us that we should

be drinking, that there is a drink for every occasion and one even when there isn't something to celebrate. There are endless opportunities to buy a drink, whether at on- or off-licence premise or during the day or at night. And alcohol is available at prices cheaper than bottled water.

Queenslanders expect that their political leaders will make decisions in the best interests of the wellbeing of the community and adopt the most effective measures to reduce alcohol harm. They do not want these decisions to be compromised by those with a vested interest in making a profit. Parliamentarians should not be misled by the alcohol industry. Queenslanders certainly aren't. Sixty per cent believe that the alcohol industry has too much influence with governments and make political donations to influence policy.

QCAA shares the concerns of Queenslanders about reducing alcohol harm. We want Queenslanders to live healthy, happy and productive lives, lives that contribute in a positive way to the social fabric of Queensland society. This election platform outlines the next steps for Queensland to support actions to reduce alcohol harm.

## What do Queenslanders think about alcohol and what policies do they support?<sup>6, 7, 8</sup>

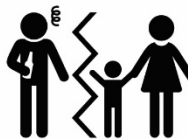


## How are Queenslanders affected by alcohol?



Alcohol is associated with 1,300 deaths and 37,000 hospitalisations, on average, per year

47% were affected by alcohol-related violence in last 12 months either directly or indirectly, through a family member or friend



Almost 1 in 3 (30.3%)



of family and domestic violence incidents were alcohol related in 2015



Alcohol related family and domestic violence incidents are least likely on Mondays and most likely on Saturdays



In 2007, 24% of substantiated child abuse and neglect cases



involved parental alcohol misuse

Alcohol is linked to an annual average of 53 road deaths and 562 hospitalisations due to drink driving, costing the Queensland community \$770 million per year



# QCAA 2016 ELECTION PLATFORM: SUMMARY OF POLICY ASKS

## 1. CREATE ENVIRONMENTS THAT INCREASE COMMUNITY SAFETY

- Maintain the *Tackling alcohol-fuelled violence* measures across Queensland and assess their effectiveness in light of the evidence provided in the final report of the independent evaluation.
- End the sale of all take-away alcohol at 10pm to reduce the risk of alcohol-related family violence.
- Control the density of licensed venues and their proximity to existing venues and other amenities to better manage the mix of business types in areas with high levels of alcohol harm.
- Strengthen the risk based licencing system for on- and off-licence premises by including additional risk criterion that reflect the broader risks associated with the sale of alcohol.
- Pilot the South Dakota 24/7 Sobriety Project to monitor consumption by repeat drink drivers and reduce the risk of alcohol related family violence – \$280,000 over two years.
- Establish a community defenders office to support community involvement in liquor licence decision-making – \$800,000 over four years.
- Resist the push for 24 hour liquor licensing and retain the family friendly nature of the Commonwealth Games.

## 2. CREATE ENVIRONMENTS THAT ENCOURAGE HEALTHY DECISIONS

- Ban alcohol advertising and promotions on Queensland Government property to protect children and young people.
- Mandate the introduction of pregnancy warning labels on all alcohol products and point of sale material by 2019.
- Ban alcohol ‘shopper docket’ promotions to reduce the normalisation of alcohol consumption.
- Pilot the Game Changer+ alcohol media literacy program in schools to equip young people with the skills to make good decisions – \$200,000 over two years.
- Mandate the use of alcohol and other drug education programs in schools that are evidence-based and change behaviour to raise young people’s awareness of health harms from alcohol.
- Introduce a minimum unit price for alcohol set at \$1.50 per standard drink to reduce the temptation to buy harmful quantities of alcohol.

## 3. CREATE ENVIRONMENTS THAT SUPPORT GOOD HEALTH AND WELLBEING

- Establish a state-wide plan to reduce the impact of Fetal Alcohol Spectrum Disorder (FASD) which includes prevention, early intervention and development and implementation of a post diagnostic protocol – \$1 million over four years.
- Work with communities at risk of alcohol harm to identify harm minimisation strategies that reduce this risk and increase access to quality and culturally appropriate health and early childhood development services.
- Ensure people in need have access to a range of treatment options including detoxification and residential rehabilitation services, particularly in rural and remote communities.
- Develop shared models of care between alcohol services in the alcohol and other drugs sector and those in the family violence sector to better integrate services and enhance outcomes – \$460,000 over three years.

## 4. CREATE ENVIRONMENTS THAT ENABLE GOOD EVIDENCE-BASED ALCOHOL POLICY

- Exclude the alcohol industry from involvement in alcohol policy decision-making to ensure the integrity of the policy process.
- Ban political donations from the alcohol industry to prioritise community health and wellbeing.
- Improve the collection, quality and interoperability of alcohol harms data as a matter of urgency to inform decision-making and improve health outcomes.



## 1. CREATE ENVIRONMENTS THAT INCREASE COMMUNITY SAFETY

### Maintain the *Tackling alcohol-fuelled violence* measures across Queensland and assess their effectiveness in light of the evidence provided in the final report of the independent evaluation

Every parent of a young person fears that phone call in the middle of the night to say that their child has been injured following an altercation during a night out on the town. The last drinks measures introduced on 1 July 2016 are designed to reduce the risk of this occurring. The evidence shows that they will work. The people of Queensland strongly support the introduction of the last drinks policy with 72 per cent in favour of the measures in 2017.<sup>9</sup> An evaluation is underway to see whether they are working and identify barriers to their success. Already, this evaluation has identified that the late night trading permits that allowed licensed venues to trade until 5am, were seriously undermining the effectiveness of the measures. This continued from 1 July 2016 until the number that licensed venues could apply for was reduced from 12 to six permits per year in March 2017. The last drink measures should be retained so they are in place for a sufficient period of time to allow them to take effect without the confounding effect of the late night permits. QCAA calls for bipartisan support for retaining the measures until at least the time when the Government has received the final evaluation report and considered its findings, so that a decision on the future of the measures can be made, based on the evidence presented in the report.

**72%**  
of Queenslanders  
support the late night  
trading measures in  
2017

### End the sale of all take-away alcohol at 10pm to reduce the risk of alcohol-related family violence

Queenslanders are concerned about the impact of alcohol in their community and behind closed doors. Fifty-six per cent support a closing time of bottle shops of no later than 10pm.<sup>10</sup> Since 80 per cent of the alcohol purchased in Australia is bought from take away liquor outlets, a proportion that has been steadily increasing,<sup>11</sup> action to restrict the availability of alcohol from these venues is warranted. The Queensland Government has taken the first step to restrict the sale of take away alcohol past 10pm for new licence applications. However, 43 per cent of packaged liquor outlets still trade beyond this time.<sup>12</sup> In light of the evidence of the association between family violence and take-away alcohol, QCAA calls for the 10pm close to extend to all take-away outlets in Queensland, not just new applications, and to over-the-bar sales.<sup>13</sup>

### Control the density of licensed venues and their proximity to existing venues and other amenities to better manage the mix of business types in areas with high levels of alcohol harm

People want to enjoy their night out and feel safe, yet polling undertaken at the start of 2017 revealed that nearly half of Queensland adults (47 per cent) had experienced alcohol-related harm in the previous 12 months. Research has shown that the risk of alcohol-related harm increases as the density of liquor licences increases and that takeaway outlets contribute more substantially to the risk.<sup>14</sup> Different population groups are exposed to higher concentrations of liquor outlets, with people living in disadvantaged areas of a major city having access to twice as many takeaway liquor outlets as those in the wealthiest areas. In rural and regional areas, communities have access to six times as many takeaway liquor outlets and four times as many pubs and clubs per person.<sup>15</sup> Changes to the liquor licensing process are therefore needed to allow assessment of the impact that a new premise will have on the community. Consideration should be given to factors such as the type of licence, risk profile, patron capacity, number and concentration of active licensed premises, population density, and socioeconomic context, as well as crime and emergency services data. Tools such as spatial access based measures calculate the density of outlets by using the distance between a reference point and a selected number of alcohol outlets. The most comprehensive approach to calculating a consumer's access to outlets takes into account the clustering of outlets, population demographic and risk of licence type.<sup>16</sup> Other actions that should be taken immediately are restrictions on the issuance of new licences, reducing the number of licences over time (for example by no longer allowing licences to be transferred) and increasing monitoring and enforcement activities in areas where there is a high density of liquor licences.



### **Strengthen the risk based licencing system for on- and off-licence premises by including additional risk criterion that reflect the broader risks associated with the sale of alcohol**

Queensland's licensing system, like those in other jurisdictions, recognises the risks associated with the sale and consumption of alcohol and variation in risk between venues. Licence fees consist of a base fee, which varies for different types of venues and in the case of community clubs, for membership size, and applies a loading for criteria associated with trading hours and compliance history. The system needs strengthening to better reflect the risks associated with alcohol consumption and sales and to tighten existing criteria. For most licence types, the fee calculation does not consider the patron capacity of the venue, location risk (associated with the proximity and density of other licensed venues and whether or not the premises are located in a high risk area such as a Safe Night Precinct), and the risk of harm that occurs both within and outside licensed venues. Other factors that should be considered include gaming facilities and sliding fee scales for the number of outlets owned by a licensee and potential turnover. Current inconsistencies include a variation in the licence fee for early trading of packaged liquor outlets (before 10am) but not for late night trading of these premises (after 10pm). The fee for community clubs needs to be re-calculated to better reflect the same administrative burden that applies to other licensed venues and venues with similar capacity, and the costs associated with addressing the harms from alcohol. Annual turnover is an important risk factor, not just for packaged liquor, but for all liquor outlets, to address situations where there are significant differences in the volume of sales for venues with a similar risk profile and where patronage may change over time but patron capacity remains the same. All venues regardless of location, should have their fees calculated based on the risk of harm associated with their venue. Exemptions to this principle will weaken the intent and effectiveness of the risk based licensing system.

### **Pilot the South Dakota 24/7 Sobriety Project to monitor consumption by repeat drink drivers and reduce the risk of alcohol related family violence – \$280,000 over two years**

Drink-driving campaigns in Australia have been very successful in reducing the incidence of driving under the influence and alcohol-related car crashes. The 24/7 South Dakota Sobriety project was introduced in 2005 to tackle drink driving in South Dakota in the United States of America. The program originally targeted repeat offenders, but was later modified to include other alcohol-related crimes such as family violence.<sup>17</sup> The program resulted in a 12 per cent drop in drink driving arrests and a nine per cent reduction in domestic violence assaults.<sup>18</sup> The success of this program has led to its introduction in other locations within the United States. Swift and certain sanctions are applied for violations of the program, with those who refuse or fail a test being taken into custody immediately and appearing before a judge within 24 hours. A trial of the South Dakota 24/7 Sobriety Program should be conducted in Queensland to investigate its effectiveness in reducing drink driving.

### **Establish a community defenders office to support community involvement in liquor licence decision-making – \$800,000 over four years**

We all want to be able to have a say in decisions that affect our local community and feel that we have some control over our own environment. Community engagement and participation in liquor licence decisions is essential to understand the impact on the community and provide transparency in the decision-making process. In Queensland, the Office of Liquor and Gaming provides a guide to objecting to a liquor licence on its website, but 54 per cent of Queenslanders feel that they don't have enough say in the number of licensed venues in the community. More needs to be done to support Queenslanders so that they can engage in the process. Liquor laws are not user-friendly documents – they are complex, use legal language and are difficult to understand. Participation in the process is onerous and challenging. Often, community members are not even aware of how to engage in the process. And if they do, they must provide evidence for their argument and generate community support for their

**54%**  
of Queenslanders  
believe they don't have  
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community

position if they are going to have any chance of success. This means that heavy research is required to meet the onus of proof, they need to establish or link in with community networks, they need adequate resources to engage in the process, and they need to find a trusted expert to give advice.<sup>19</sup> Barriers to participation are particularly relevant for disadvantaged communities who experience disproportionate levels of harm and are powerless in taking action. Research shows that these communities are often targeted by retail liquor outlets.<sup>20</sup> Individuals and communities need to be better informed about how to get involved in the decision-making process and object to a liquor licence application. They need access to publicly available relevant data, and advice on how to engage in liquor licence processes and counter the arguments of the well-resourced industry enterprises. Information and advice should be made available to the community to empower them participate in liquor licence decision-making processes.

### **Resist the push for 24 hour liquor licensing and retain the family friendly nature of the Commonwealth Games**

People all over Australia are looking forward to the Commonwealth Games on the Gold Coast in 2018. Affectionately known as the Friendly Games,<sup>21</sup> these Games aim to unite the Commonwealth nations through sport, providing an environment where participants can compete on a level playing field, in the spirit of friendship and fair play. The Commonwealth sees itself as a family and the Games are an avenue of improving society and the general wellbeing of family members.<sup>22</sup> We all know what can happen after a long night of drinking. Anti-social behaviour and alcohol-related violence are not consistent with the ideals of the Games. Queensland should resist calls for 24 hour trading of during the Games and follow the example of Glasgow where there was no change to the sale of packaged liquor and no 24 hour trading for on-licence premises. A three month trial of 24- hour trading on the Gold Coast, for an event that last two weeks, is a shameless attempt by vested interests to use the Commonwealth Games as an avenue to permanently introduce 24 hour trading on the Gold Coast and bolster the profits of business owners. It is not about improving the wellbeing of members of the Commonwealth, and it is contrary to the family friendly nature of the Games. Resist the push for a three-month trial of 24 hour liquor licensing during the Commonwealth Games and keep the Games a family-friendly event that people will remember for all the right reasons.

## 2. CREATE ENVIRONMENTS THAT ENCOURAGE HEALTHY DECISIONS

### Ban alcohol advertising and promotions on Queensland Government property to protect children and young people

**60%**  
of Queenslanders  
believe the alcohol  
industry targets young  
people under 18 years  
of age

Queenslanders, like other Australians, are rightly concerned about the impact of alcohol advertising on children and young people. They are also concerned that the alcohol industry targets young people under 18 years of age (60 per cent), who are particularly vulnerable to alcohol harm.<sup>23</sup> The alcohol industry has done their homework. Research shows that the attitudes and behaviours of young people are influenced by alcohol advertising.<sup>24</sup> The volume of alcohol advertising exposure is the strongest predictor of future consumption patterns in young people, including earlier initiation of alcohol consumption, and heavier consumption among people who already drink.<sup>25</sup> The incoming government should join other jurisdictions who have taken action to

reduce the exposure of young people to advertising on public transport, since young people are more likely to use public transport than other age groups. The ACT banned alcohol advertising on public transport services in September 2015, the South Australia announced a ban on alcohol advertising from buses, trains and trams from 2017, and the Western Australia Government made a pre-election commitment in early 2017 to ban alcohol advertising on all Public Transport Authority property.<sup>26</sup> Internationally, the board of the Metropolitan Transportation Authority in New York has recently voted unanimously to ban advertising of alcohol products on buses, subway cars and stations.<sup>27</sup> Sixty-two per cent of Queenslanders support a ban of alcohol advertising on public transport.<sup>28</sup> Advertising of alcohol products and licensed venues should also be banned on other government property such as office buildings and public spaces.

### Mandate the introduction of pregnancy warning labels on all alcohol products and point of sale material by 2019

Fifty-eight per cent of Queenslanders think that pregnancy warning labels should be placed on all alcohol products to replace the alcohol industry's current ineffective consumer information messages.<sup>29</sup>

Queensland should support mandatory pregnancy warning labels and join other Australian and New Zealand Governments in tasking Food Standards Australia New Zealand (FSANZ) to develop a standard for an effective label that addresses the wording, placement and label size. Alcohol consumption during pregnancy is associated with a range of adverse consequences including miscarriage, stillbirth, low birth weights and Fetal Alcohol Spectrum Disorder (FASD)<sup>i</sup>. These harms are preventable and warning labels on alcohol products are a cost-effective method of informing consumers about these risks.<sup>30</sup> Currently, a voluntary scheme exists in Australia and New Zealand that uses messages developed by the alcohol industry. This 2011 scheme has been found to be ineffective<sup>ii</sup> by two Parliamentary inquiries.<sup>31,32</sup> New Zealand research has shown that consumers are confused by the industry's alcohol labels, with nearly 40 per cent misinterpreting the label to believe that alcohol consumption during pregnancy is acceptable.<sup>33</sup> A label that does not raise awareness about the health harms will not change behaviour and instead acts as a promotion exercise for the alcohol industry. Queensland is a member of the Forum on Food Regulation (Forum), which is responsible for food regulation in Australia and New Zealand. At the next Forum meeting on 24 November, members will be

**58%**  
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on alcohol products

<sup>i</sup> FASD is an umbrella term for the range of learning, behavioural and developmental disabilities that result from exposure to alcohol during pregnancy and is the leading preventable cause of non-genetic developmental disability in Australia.

<sup>ii</sup> and unlikely to ever be effective due to the commercial realities of the alcohol industry

considering the future of alcohol pregnancy warning labels. It is critical that Queensland supports the call for the introduction of mandatory pregnancy warning labels.

### **Ban alcohol 'shopper docket' promotions to reduce the normalisation of alcohol consumption**

Alcohol has permeated almost every part of our lives. Alcohol advertising contributes to the normalisation of alcohol and encourages consumption. Shopper dockets are one form of promotion that have lead people to purchase more alcohol than they had originally intended.<sup>34</sup> They send a message to consumers, particularly children and young people, that alcohol is a normal everyday product. The NSW Office of Liquor, Gaming and Racing conducted a six-month investigation into shopper dockets, concluding that shopper dockets were "likely to encourage the misuse and abuse of liquor".<sup>35</sup> In light of the investigation, the agency recommended that shopper dockets promoting discounted alcohol should be banned. Take away liquor outlets are increasingly using supermarket shopper dockets to promote their products, offering "buy some get some free" and bulk purchase discounts. These offers appear alongside everyday purchases of bread and milk. This type of promotion is effective in influencing purchasing decisions with 73 per cent of Queensland drinkers admitting to being influenced by alcohol promotions.<sup>36</sup> Alcohol shopper docket promotions and redemptions must be banned as part of efforts to reduce the normalisation of alcohol consumption.

**73%**  
of drinkers in  
Queensland have been  
influenced by alcohol  
promotions

### **Pilot the Game Changer+ alcohol media literacy program in schools to equip young people with the skills to make good decisions – \$200,000 over two years**

Media literacy programs equip children with the knowledge and skills to critically analyse advertising and marketing approaches. Game Changer+ takes a proactive and preventative approach to educating high school students about marketing strategies employed by the alcohol industry. It aims to enable students to think critically about alcohol messages in a way that empowers them to rethink their choices and behaviours regarding alcohol consumption. Game Changer+ is an eight-lesson program based upon a successful New South Wales (NSW) pilot program developed by researchers from the Centre for Health and Social Research (CHaSR) at the Australian Catholic University (ACU) in Melbourne. It complements existing curriculum in schools and has been very well received in a pilot program with Year 9 and Year 10 students in the ACT.

### **Mandate the use of alcohol and other drug education programs in schools that are evidence-based and change behaviour to raise young people's awareness of health harms from alcohol**

Most people support educating young people about alcohol as part of a multi-pronged strategy to reduce alcohol harm. Alcohol and other drug education will be mandatory in all Queensland through the health and physical education curriculum of the Australian Curriculum. State schools are required to implement this curriculum by 2020. The Department of Education and Training has made a vast number of resources available to schools for alcohol and other drug education,<sup>37</sup> however little evaluation of these programs appears to have been undertaken and implementation is at the discretion of the school principal. School based alcohol and other drug education programs should be grounded in the evidence of what works to effect behaviour change, be implemented as intended and evaluated for their effectiveness. Effective alcohol and other drug school education programs are evidence-based and have a focus on social norms, an interactive style, and achievable and measurable goals. They also offer teacher training and a whole of school approach.<sup>38</sup> Two award winning Australian programs are the CLIMATE program, developed by the National Drug and Alcohol Research Centre, School of Psychiatry, and the NHMRC Centre of Research Excellence in Mental Health and Substance Use at the University of New South Wales<sup>39</sup> and the Get Ready drug and alcohol education program, trialled in 21 Victorian schools involving 1750 students.<sup>40</sup> The use of evidence-based alcohol and other drug education programs should be mandatory in all Queensland schools. They should be evaluated periodically to assess their ongoing effectiveness at achieving behaviour change and supporting good health and wellbeing in young Queenslanders.

### **Introduce a minimum unit price for alcohol set at \$1.50 per standard drink to reduce the temptation to buy harmful quantities of alcohol**

A number of Australian states and territories think that a minimum unit price for alcohol is an idea worth considering. Queensland should as well. A minimum price is a highly targeted intervention that sets a price per standard drink (or unit of pure alcohol), below which alcoholic beverages cannot be sold. It is a regulatory measure that increases the price of the cheapest alcohol products and can prevent retailers from using extreme discounting and loss leaders to attract customers into their stores to encourage impulse purchases. Cheap alcohol results in higher rates of consumption, including heavier drinking, occasional drinking, underage drinking and higher levels of alcohol harm. This harm affects the drinker, their partners, their children and communities,<sup>41</sup> with Queenslanders paying for the cost of this harm through health, police, social services and court costs. Evidence for the effectiveness of a minimum unit price is found in Australia and overseas.<sup>42</sup> A floor price should be implemented to reduce consumption among the heaviest consumers while limiting any impact on those drinking at moderate levels. This will provide maximum returns.

### 3. CREATE ENVIRONMENTS THAT SUPPORT GOOD HEALTH AND WELLBEING

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#### **Establish a state-wide plan to reduce the impact of FASD which includes prevention, early intervention and development and implementation of a post diagnostic protocol – \$1 million over four years**

The Queensland Government has the power to reduce the prevalence of Fetal Alcohol Spectrum Disorder (FASD). FASD is a lifelong condition that has huge implications for the person affected, their families and communities. Thankfully, it is a condition that is preventable and its impact minimised through early identification and intervention. QCAA supports the intention to develop a state-wide diagnostic service in Queensland,<sup>iii</sup> but is concerned that there is no strategic plan to guide Queensland's approach to addressing FASD. Queensland needs a FASD plan to coordinate and guide decision-making. This plan should include strategies to prevent FASD from occurring, to intervene early should a child be affected, and provide support to children born with FASD and their families/carers. Parents and/or carers of those living with FASD and organisations that support parents, carers and people with FASD should be consulted in the development of this plan. Among other things, the plan should include strategies to work with communities at high risk of FASD to develop strategies that support pregnant women to reduce their consumption and to raise awareness of the condition among the health and social services sectors and within the broader community, to reduce its impact on Queensland families.

#### **Work with communities at risk of alcohol harm to identify harm minimisation strategies that reduce this risk and increase access to quality and culturally appropriate health and early childhood development services**

While population-based strategies are known to be the most effective measures to reduce alcohol harm, targeted measures are also important to address particular problems. For example, Aboriginal and Torres Strait Islander people are disproportionately affected by alcohol harm and previous governments have introduced various measures to reduce this harm. Alcohol policies in these communities must be developed in conjunction with the community and must employ a holistic and culturally appropriate approach to addressing supply, demand and harm reduction activities, if they are to have any chance of success. They must have the support of the community, address the community's specific needs and be adequately resourced to embed harm minimisation strategies. They should be introduced in association with supportive structures designed to build capacity within the community, prevent risky consumption and support people who need assistance to reduce their alcohol consumption. Evidence-based early childhood development services are also needed in these communities to work with children to develop their social and emotional wellbeing before problems arise and reduce the risk of substance abuse later in life.<sup>43</sup> This action could lead to the end of the inter-generational cycle of harmful use of alcohol.

#### **Ensure people in need have access to a range of treatment options including detoxification and residential rehabilitation services, particularly in rural and remote communities**

Australia prides itself on its universal health care system providing access to all, regardless of their financial status. A good health system delivers quality services to all people, when and where they need them, and alcohol and other drug treatment services are part of the mix. Queensland faces a number of challenges to delivering the range of services needed, not least of which relates to the vast size of the state. Queensland has taken some important steps to increase funding to services but more needs to be done. People in rural and remote locations need access to a range of services in locations that are convenient to them. Gaps in service delivery include detoxification centres, residential rehabilitation services, programs that support families to reduce the impact of a person's alcohol and other drug use, such as Kids in focus, and family-based residential programs that allow families to stay together while a family member is undergoing AOD treatment. Ongoing workforce development is needed to break down barriers and provide culturally safe services. Where Aboriginal and Torres Strait islander people are using

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<sup>iii</sup> In 2017, the Queensland Government announced that it would provide \$1.5 million to extend the Neurodevelopment Exposure Disorder Clinic (formerly Foetal Alcohol Syndrome) on the Gold Coast to provide a statewide service in its [Budget statements](#).

mainstream services, access should be provided to Aboriginal and Torres Strait Islander staff and peer support groups.

**Develop shared models of care between alcohol services in the alcohol and other drugs sector and those in the family violence sector to better integrate services and enhance outcomes – \$460,000 over three years**

Governments around the country are keen to identify and reduce barriers to treatment. Shared models of care can overcome barriers to sectors working together so that families affected by violence, child maltreatment and neglect can benefit from better outcomes. They enable systems to better understand the needs of their clients, improve service coordination and provide a no-wrong-door approach to service delivery. Yet in Queensland, shared models of care are rare within the family violence and alcohol and other drug sectors. A lack of knowledge and training mean that staff do not have the confidence to ask questions about areas outside of their areas of expertise and are reluctant to deal with other issues.<sup>44</sup> Shared models of care are not new for other co-occurring conditions. For example, the mental health and alcohol and other drugs sectors in Queensland have been developing these to improve service outcomes through programs such as *Connecting care to recovery 2016-2021*. Shared models of care between the alcohol and other drug and family violence sectors will better address the interrelated and complex needs of clients and their families.



#### 4. CREATE ENVIRONMENTS THAT ENABLE GOOD EVIDENCE-BASED ALCOHOL POLICY

##### Exclude the alcohol industry from involvement in alcohol policy decision-making to ensure the integrity of the policy process

Good public policy development involves due process and drawing on the available evidence to develop policies that will be effective in achieving the outcomes desired.<sup>45</sup> Evidence must inform each step of the framework's cycle, from problem definition to response identification and implementation, through to policy and program evaluation. Without strong evidence, policies can easily be influenced by political and vested interests which may not be in the interests of the general population. They are also unlikely to be effective in achieving the outcomes being sought and can be costly to the government and the community.

**60%**  
of Queenslanders  
believe the alcohol  
industry has too much  
influence with  
governments

The World Health Organization recognises that alcohol industry involvement in alcohol policy development is detrimental to good policy, stating that, "In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests".<sup>46</sup> This recommendation recognises that those with a commercial conflict of interest are motivated to achieve the best outcome for themselves, their members or shareholders and that when faced with competing interests, they will support options that will have the least impact on their bottom line. QCAA and 60 per cent of Queenslanders believe that the alcohol industry has too much influence with governments. QCAA strongly supports the WHO position that alcohol policies be protected from the vested interests of the alcohol industry.

##### Ban political donations from the alcohol industry to prioritise community health and wellbeing

**75%**  
of Queenslanders  
believe that political  
parties should not be  
able to receive  
donations from the  
alcohol industry

The recent announcement to ban political donations from developers in Queensland reflects widespread concern within Australia about the ability of commercial entities to influence government decision-making in their favour. Queensland should go further and ban political donations from the alcohol industry. In NSW, donations from property developers, the alcohol industry and the tobacco industry have been banned for some time. This approach secures a political process that is free from the influence of these industries, in line with public expectations. It is well recognised in public health literature that the alcohol industry has a vested interest in alcohol policy development and implementation.<sup>47</sup> The financial success of the alcohol industry is dependent upon the consumption of alcohol, that is, the more alcohol consumed, the more money the alcohol industry makes. This is in direct

conflict with the evidence-base that consistently demonstrates that alcohol supply reduction measures are most effective in minimising alcohol's harm. The ability to influence ministerial or government decisions through political donations raises questions of fairness, independence and quality such as whether decisions are made in the public interest or a private or commercial interest. The introduction of reforms to increase transparency by requiring political donations to be declared within seven days is welcome but more needs to be done. Seventy-five per cent of Queenslanders believe that political parties should not be able to receive donations from the alcohol industry.<sup>48</sup>

##### Improve the collection, quality and interoperability of alcohol harms data as a matter of urgency to inform decision-making and improve health outcomes

There is a common understanding that data is only as good as the way it is collected. Good data requires availability of accurate data, consistency in collection and recording, and an understanding of what and why data is needed. Good data makes good policy possible. It provides policy makers with the information

needed to inform the development of good policy and allows more precise evaluation of the policy. Alcohol policy is informed by police, hospitals and ambulance data, however there are significant gaps in the collection of this data. Alcohol harm data should be collected routinely in a consistent manner throughout the state, in a form that allows the data from different data sets to “talk” to each other, and be made publicly available to provide transparency and accountability. Improving the collection, quality and interoperability of this data will lead to better health outcomes across a range of measures and should be a priority for the government.

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