

Submission to
Consultation on National
Preventive Health
Strategy

28 September 2020



 **Alcohol
Change
Vic** 

Victorians for
policy reform



Consultation on National Preventive Health Strategy

About Alcohol Change Vic

Alcohol Change Vic is a collaboration of health and allied agencies that share concerns about the harmful impacts of alcohol products in Victoria.

The members of Alcohol Change Vic are:

- + Australasian College for Emergency Medicine
- + Alcohol and Drug Foundation
- + Cancer Council Victoria
- + Centre for Alcohol Policy Research (CAPR), La Trobe University
- + Foundation for Alcohol Research and Education (FARE)
- + Public Health Association of Australia (Victoria)
- + Royal Australasian College of Surgeons
- + St Vincent's Health Australia
- + The Salvation Army
- + Turning Point
- + Victorian Alcohol and Drug Association
- + Violence Prevention Group, School of Psychology, Deakin University
- + Uniting Church in Australia, Synod of Victoria and Tasmania

Question 1: Are the visions and aims appropriate for the next ten years? Why or why not?

ACV supports the visions and aims for the next ten years. We strongly support Australian governments significantly increasing investment in prevention in order to achieve a better balance between prevention and treatment in Australia.

Question 2: Are these the right goals to achieve the visions and aims of the strategy?

ACV supports these goals. We strongly support goal 1 and the importance of different sectors working together to address complex prevention challenges. This is particularly important in relation to reducing harm from alcohol, as regulation of alcohol promotion and availability is the responsibility of, or shared with, sectors of government other than health. Health concerns about alcohol are routinely subordinated to other considerations, notably to commercial and fiscal interests. Other government departments have interests such as

revenue, tourism, sports, and foreign trade, and such interests may conflict with the public health interest. The strategy needs to go beyond aiming for “working together” to consider how the preventive health interest can be prioritised in efforts on Goal 1. The experience of COVID-19, in which Australian governments have considerably prioritised health and prevention over other goals, needs to be drawn on for examples and lessons in implementing Goal 1.

Goal 3, environments supporting health and healthy living, is of crucial importance for reducing harms caused by alcohol. Place-based approaches matter not only in terms of where alcohol use is permitted, but also for access and availability of alcohol in terms of the location and density of places of sale.

Goal 4, engaging with and mobilising at the community level, is particularly important for preventing alcohol-fuelled harm. These harms mostly occur at a local level, and local governments are at the frontline in responding. It is vital to ensure local governments and communities are effectively engaged in harm reduction efforts, particularly in relation to liquor licence processes.

Question 3: Are these the right actions to mobilise a prevention system?

ACV supports the actions to mobilise a prevention system. We strongly support the recognition of the need to ensure vested interests do not have influence on public health policies, strategies and actions. In relation to alcohol, it is vital to ensure the alcohol industry, which has a profit motive to promote alcohol consumption, does not have any role or influence in policy development, strategies, or communication of health information.

We also strongly support the need for a long term sustainable funding mechanism, as well as a structured governance approach that includes evaluation, monitoring and enhanced cross-sectoral collaboration. We support the need for greater strategic preparedness and planning.

In relation to reducing alcohol harm, we recommend that the Australian Government should set out a clear plan that includes:

- clear recommendations for implementation of policy actions,
- responsibility for actions by levels of government, departments or agencies,
- timeframes for implementation, and
- accountability measures to enable monitoring of progress.

The Australian Government should also establish a research program for each focus area. In relation to reducing harm from alcohol, this should include substantial investment in research and evaluation to inform and improve the effectiveness of interventions.

Question 4: Where should efforts be prioritised in the focus areas?

It's never been more important to support individuals, families and their communities to be healthy and safe. The COVID-19 pandemic has made the need for government actions to reduce the harm caused by alcohol in Australian communities even more urgent.

More alcohol sold means more harm for Australians. More alcohol dependence. Poorer mental health. More domestic assaults. And more people diagnosed with preventable cancers and liver disease. More alcohol sold will amplify ongoing negative impacts of the COVID-19 pandemic.

We applaud the Australian Government for prioritising mental health and preventive health in *Australia's Long Term National Health Plan to Build the World's Best Health System*. Actions to reduce alcohol harms are essential to, and must be prioritised as part of, preventive health and mental health strategies.

We welcome the inclusion of reducing the harm caused by alcohol as a focus area in the National Preventive Health Strategy. This should be given high priority in the Strategy given the widespread harms to people who use alcohol and to others, including long-term chronic health conditions and mental health impacts, as well as the potential for alcohol use to amplify adverse consequences of COVID-19.

Harm caused by alcohol

Alcohol has a whole of society impact. It causes a wide range of harms to drinkers and others, including violence, family violence, injuries, overdoses, road traffic accidents and fetal alcohol spectrum disorder (FASD).

Alcohol is a major contributor to Australia's burden of disease, causing more than 5,500 deaths and more than 150,000 hospitalisations annually in Australia.ⁱ Alcohol also contributes substantially to Australia's cancer burden. Alcohol use is known to cause at least seven types of cancer: breast, bowel, mouth, pharynx, larynx, oesophagus, and liver cancer.ⁱⁱ Alcohol causes nearly 3500 people to get cancer,ⁱⁱⁱ and more than 2000 people to die from cancer,^{iv} in Australia each year.

The *National Drug Strategy Household Survey 2019* found that 16.8 per cent of Australians (3.5 million people) drink two standard drinks or more per day on average (above the current National Health and Medical Research Council (NHMRC) guideline for reducing lifetime risk from alcohol) and 25 per cent of Australians (5.2 million people) drink four standard drinks in one sitting at least monthly (above current NHMRC guideline for reducing short-term risk from alcohol). The survey found that more than one in five people (21 per cent or 4.5 million Australians) had been verbally or physically abused or put in fear by someone under the influence of alcohol. This included one in three people aged 18-24, or 25-29 who had experienced any of these incidents.^v

Alcohol products have disproportionate impacts on certain groups. Young people, older people, Aboriginal and Torres Strait Islander peoples, people from remote areas, LGBTIQ people and people with mental illness are disproportionately harmed by alcohol.

Alcohol and COVID-19

COVID-19 is causing significant anxiety and distress for Australians, which increases the likelihood high-risk alcohol use. Studies have reported varying proportions of Australians drinking more or drinking less during the spread of COVID-19.^{vi} However, there are indications of increases in high-risk drinking and consequent harm, such as a sharp rise in demand for online alcohol and other drug supports, and increases in the reported involvement of alcohol in family violence.^{vii}

An Australian National University study in May 2020 compared changes in alcohol consumption over time and found that alcohol consumption was slightly more frequent for men and substantially more frequent for women during COVID-19 than 2-3 years previously. Women with child-caring responsibilities and men experiencing job loss or a decline in hours were more likely to report increases in alcohol use since the spread of COVID-19.^{viii}

Alcohol use, especially heavy drinking, makes people more vulnerable to COVID-19 by weakening their immune systems and increasing their risk of respiratory failure, one of the most serious COVID-19 complications.^{ix} Alcohol use causes injuries and fuels violence, adding pressure to hospitals and emergency services. It also exacerbates mental health problems, such as anxiety and depression, and may increase

people's risk of suicide. Increases in alcohol use by certain groups during the pandemic are likely to lead to more people developing long-term drinking habits and alcohol dependence, and non-communicable diseases (NCDs) such as cardiovascular disease, liver disease and cancer.

Priority actions to reduce harm caused by alcohol

The United Nations Interagency Task Force on NCDs report *Responding to non-communicable diseases during and beyond the COVID-19 pandemic* warns that COVID-19 is interacting with NCDs and inequalities to produce the 'perfect storm' of death and suffering. NCDs worsen the impact of COVID-19, contributing to overrun health systems, economic contraction and impeding progress in achieving sustainable development goals (SDGs). The Task Force advises that NCDs must be considered a major issue in the response, recovery and building back better from the pandemic, in order to strengthen resilience to COVID-19 and future pandemics, and help restore progress in achieving SDGs.^x

The Task Force recommends specific actions to strengthen NCD-related laws, policies and regulations. In relation to alcohol, these include actions to:

- advance taxes
- comprehensively restrict marketing

- regulate online sales and home delivery
- regulate labelling, and
- restrict or prohibit lobbying by alcohol companies.

Priority two in the Australian Government's *National Alcohol Strategy 2019-2028* (NAS) is managing alcohol availability, price and promotion. Objectives for this priority are:

1. Strengthen controls on access and availability
2. Pricing and taxation reforms to reduce risky alcohol consumption
3. Minimise promotion of risky drinking behaviours and other inappropriate marketing.

Priority four in the NAS is promoting healthier communities. The first objective for this priority is to improve the awareness and understanding of alcohol harms.

In line with the recommendations of the United Nations Interagency Task Force on NCDs and the priorities and objectives of the NAS, ACV recommends that Australian governments' efforts in relation to reducing the harm caused by alcohol should be focused on the following actions:

1. Protect children and young people from alcohol advertising
2. Reform alcohol taxation and pricing
3. Introduce controls on online sale and delivery of alcohol products
4. Strengthen controls on alcohol availability in Australian communities
5. Raise awareness of the harms caused by alcohol.

As part of Australia's recovery from COVID-19 and to build resilience to COVID-19 and future pandemics, all Australian governments should prioritise these actions and take immediate steps towards implementation.

Protect children and young people from alcohol advertising

Alcohol companies advertise their products relentlessly through outdoor advertising on streets, public transport and sports stadiums, television, newspapers, radio, sports sponsorship and point-of-sale advertising. Increasingly, alcohol companies are advertising on digital platforms, and using social media influencers to reach young people. Australian children and adolescents are exposed to huge volumes of alcohol advertising.^{xi}

We all want our children to be healthy and safe. It is encouraging that fewer children and young people are using alcohol than in the past. However, too many children still drink. A 2017 survey reported that nearly half (46 per cent) of Australian children aged 12-17 years had used alcohol in the past year, 27 per cent of children had used alcohol in the past month and 15 per cent had used alcohol in the past week. Forty-one per cent of 12-17-year-old children had drunk five or more drinks on one day in the past year, and 23 per cent of children had drunk this amount of alcohol on one day in the past month.^{xii}

Alcohol use interferes with children’s brain development, causes accidental deaths and fuels risk-taking behaviour.^{xiii} Children are also highly vulnerable to alcohol advertising. We know that the more alcohol advertising children are exposed to, the younger the age they start using alcohol, and the more often and more heavily they drink.^{xiv} This may lead to children establishing risky drinking habits and suffering from health problems later in life. A Cancer Council Victoria study found that the more children aged 12-17 years saw alcohol advertising on billboards, or in newspapers or magazines, the more likely they were to use alcohol regularly and at risky levels.^{xv}

Much of children’s exposure to alcohol advertising on television occurs as a result of an exemption in the Commercial Television Industry Code of Practice which allows alcohol advertising to be shown on free-to-air commercial television at any time during live sports broadcasts and sports programs on the weekend and public holidays. Other voluntary industry codes on alcohol advertising are also ineffective for protecting children and young people from exposure to alcohol advertising.^{xvi,xvii,xviii,xix}

Independent, legislative controls of all forms of alcohol advertising are needed to reduce the amount of this advertising that children and young people see and hear.

Recommendation

The Australian Government should introduce legislation to protect children from exposure to all forms of alcohol advertising across all media and platforms. This should include prohibiting all alcohol advertising on television during children’s viewing hours.

State and territory governments should introduce complementary legislation to protect children from exposure to outdoor advertising in their jurisdictions. This should include alcohol advertising near schools, on public transport and at sporting facilities.

Reform alcohol taxation and pricing

The cheaper alcoholic products are, the more people drink, and the more they suffer harm.^{xx} The alcohol industry relies on heavy drinkers for the majority of its profit; over half (54 per cent) of all alcohol sold in Australia is consumed by just 10 per cent of drinkers.^{xxi}

Alcohol taxation is among the most effective measures for preventing alcohol harm.^{xxii} It is also one of the most cost-effective measures for improving population health. The *Assessing cost-effectiveness in prevention: ACE-prevention* project found that a volumetric tax on alcohol in Australia (at a level 10 per cent above the current excise on spirits) would have a large impact on improving population health as well as delivering cost savings.^{xxiii} Another Australian analysis estimated that a volumetric tax on wine would result in a 24 per cent reduction in alcohol consumption and an increase in taxation revenue of \$3 billion.^{xxiv}

A minimum unit price was introduced in the Northern Territory in 2018 as part of a suite of interventions. A 2020 evaluation found that it has been associated with significant declines in a range of alcohol-fuelled harms, including assaults, ambulance attendances, emergency department presentations and road traffic attendances.^{xxv}

Recommendation

Australian governments should prioritise reform of alcohol taxation and pricing to reduce alcohol-fuelled harm. This should include action by the Australian Government to introduce a volumetric tax on wine and other fruit- and rice-based alcohol products, as well as action by the Australian and/or state and territory governments to introduce a minimum unit price on alcohol products.

Online sale and delivery of alcohol products

Alcohol companies have dramatically increased their capacity to sell alcohol online and deliver to people's homes in recent years. Prior to the COVID-19 pandemic, it was forecast that the retail alcohol industry would continue to rapidly increase its revenue from further expansion of online alcohol sales, delivery and pick up over the next five years.^{xxvi} Online sales and delivery of alcohol has increased sharply during the COVID-19 pandemic.^{xxvii} This has made alcohol products more accessible than ever before, and is placing children and other vulnerable people in our communities at risk of harm.

Recent Australian research has found that alcohol delivery services are most used by high risk drinkers.^{xxviii,xxix} Victorian research indicates that on-demand alcohol delivery services enable people to keep drinking when they would otherwise have stopped and to access alcohol when they are already intoxicated.^{xxx}

Online sales and delivery of alcohol also provides avenues for children to access alcohol. There is no requirement for alcohol companies to verify the age of people they sell alcohol to online. Recent Australian research has found that alcohol delivery companies and agents often do not check ID when delivering alcohol, including when delivering to people aged 25 years or younger, and often leave alcohol orders with someone else or unattended.^{xxxi,xxxii,xxxiii}

State and territory liquor legislation has not kept pace with the recent explosion in online sale and home delivery of alcohol, and common-sense measures are needed to close this gap.

Recommendation

State and Territory Governments should introduce controls on online sale and delivery of alcohol, including the following:

1. Require alcohol companies to verify the age of people they sell alcohol to online.
2. Prohibit delivery of alcohol to people who are already intoxicated.
3. Require alcohol companies or delivery agents to check ID on delivery, and prohibit alcohol orders being left with someone else or unattended.
4. Require alcohol companies to observe a minimum two-hour delay before delivering alcohol orders.
5. Prohibit alcohol deliveries between 10pm and 10am.

Alcohol availability in Australian communities

Alcohol is more available and accessible in Australia than ever before. In recent decades, alcohol companies have opened increasing numbers of alcohol outlets, including large chain stores, and have extended alcohol trading hours. More alcohol stores and later trading hours means more alcohol-fuelled violence and harm in Australian homes and communities. Research shows that increases in alcohol outlet density, particularly packaged liquor outlet density, are associated with increases in family violence, street violence and long-term health problems.^{xxxiv} In addition, there is clear and consistent evidence that hours of trade for licensed premises late at night are related to rates of violence. When trading hours are extended, rates of assault generally increase and when they are restricted, assaults generally fall.^{xxxv}

State and territory governments should prioritise the following actions to control alcohol availability in Australian communities:

1. Prevent new alcohol outlets in areas that already have high numbers of alcohol outlets.
2. Require liquor licensing processes to consider and place weight on alcohol outlet density, cumulative impact, trading hours, and level of alcohol-related harm in local areas.
3. Prohibit the sale of alcohol for off-premises consumption after 10pm, and for on-premises consumption after 2am.

Raise awareness of the harms caused by alcohol

There is significant lack of public awareness in Australia of the health impacts of long-term alcohol consumption. In particular, there is low awareness of the link between alcohol consumption and cancer. Data collected by Cancer Council Victoria found that only 39 per cent of Australian adults surveyed were aware that regular alcohol consumption increases the risk of cancer, with lower levels of awareness in relation to specific cancers. For example, only 19 per cent of respondents were aware that regular alcohol consumption increases the risk of breast cancer, and only 20 per cent were aware that it increases the risk of mouth cancer, and throat cancer.^{xxxvi}

Recommendation

Australian governments should prioritise investment in multi-faceted campaigns to raise public awareness of harms caused by alcohol, including the link between alcohol and cancer, and influence Australians to reduce their alcohol consumption.

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