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The Secretary
House of Representatives Standing Committee on Indigenous Affairs
PO Box 6021
Parliament House
Canberra ACT 2600
IndigenousAffairs.reps@aph.gov.au

Dear Sir/Madam

Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

On behalf of the National Alliance for Action on Alcohol (NAAA), we are writing to provide a submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.

The NAAA is a national coalition of more than 75 health and community organisations from across Australia that has formed with the goal of preventing and reducing harms caused by alcohol. The NAAA's members cover a diverse range of interests, including public health, law enforcement, local government, Indigenous health, child and adolescent health and family and community services. This broad coalition of interests highlights the widespread concern in Australia about alcohol-related harm, and also emphasises the importance of cross-sector community partnerships.

The NAAA's 5-point plan

Nationally, the NAAA is calling for bi-partisan support for our 5-point plan as a starting point for tackling the country's alcohol problems. The NAAA's 5-point plan to reduce alcohol-related harm in Australia is based on scientific evidence on what works, and what is practical and achievable for governments in the short to medium term.

Action 1: Reduce harmful drinking through changes to alcohol taxation -

- Abolish the Wine Equalisation Tax (WET) and replace it with a volumetric tax on wine.
- Establish a minimum (floor) price for all alcohol.
- Use some of the revenue from alcohol taxation to fund prevention and support programs.

Action 2: Protect children from alcohol marketing and promotions -

- Close the regulatory loophole that allows alcohol advertising during live sport.
- Ban point-of-sale alcohol promotions that target young people such as gift with purchase deals.
- Establish an alcohol advertising regulatory process independent of the alcohol and advertising industries

- Develop and apply new alcohol advertising restrictions for social media and other emerging forms of online marketing and promotions.

Action 3: Improve safety and cut the costs to communities caused by alcohol -

- Task the Intergovernmental Committee on Drugs (IGCD) to develop national guidelines regarding restrictions on the availability of alcohol that could be applied to state and territory laws.
- Provide resources, guidance and the necessary legal and regulatory frameworks for local communities to develop, implement and sustain Alcohol Management Plans.
- Empower local communities and health and law enforcement agencies to have a greater say in liquor licensing decisions (social impact, density, opening hours, license conditions).
- Strengthen the enforcement of liquor laws with a focus on those who sell and supply alcohol rather than just the individuals who consume alcohol.
- Ensure a continuing focus on measures that will protect minors from the harms of alcohol.

Action 4: Give individuals information to make healthier and safer choices -

- Introduce mandatory pregnancy warning labels by 2015 as recommended by the House of Representatives Social Justice Committee's FASD Inquiry.
- Adopt the Australian Fetal Alcohol Spectrum Disorders (FASD) Action Plan, with a focus on prevention, diagnosis and support for people with FASD and their carers.
- Raise public awareness of the NHMRC Australian guidelines to reduce health risks from alcohol through research-based alcohol information labels and complementary point of sale information developed independently of the alcohol industry and its organisation.
- Invest in a long-term national approach to public education campaigns on alcohol that is well-planned, adequately funded and evaluated, and completely independent of the alcohol industry.

Action 5: Provide national leadership and motivation for action -

- Set meaningful and measurable targets that will lead to reductions in alcohol related harm, starting with reducing annual adult per capita alcohol consumption by 10% within 15 years.
- Make Commonwealth health funding to states and territories conditional on the achievement of measurable targets in the reduction of alcohol related injuries, diseases and deaths.
- Develop a new National Alcohol Strategy and commit to a program of action based on the above 5-point plan.

With regards to the current inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities, the NAAA first and foremost encourages the Committee to consider the considerable body of research evidence, independent and government reports, and expert advice on this issue that is already on hand. Further research and national discussion in this area is welcome, but we believe that there is now sufficient evidence to guide policy action, which is long overdue.

The NAAA is deeply concerned about the impact of alcohol related harm in Aboriginal and Torres Strait Islander peoples and communities. Several of our member organisations are dedicated to reducing rates of alcohol harm among Aboriginal and Torres Strait Islander peoples, but their efforts are currently constrained by the lack of an evidence-based, coordinated, and comprehensive government strategy to drive, resource, and organise action in this area. Hence, while we primarily call for a whole-of-population national strategy, as described above, we also support the call for a dedicated strategy to address the alcohol issues facing Aboriginal and Torres Strait Islander communities.

We are concerned that it has been 5 years since the expiry of a strategy of this kind - the National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009, and hence there is currently no national plan to coordinate action in this area. We understand that

a National Aboriginal and Torres Strait Islander Peoples Drug Strategy is currently being developed by the Department of Health on behalf of the Intergovernmental Committee on Drugs (IGCD) and as part of that process we strongly encourage the Inquiry to consider carefully our 5-point plan and also the views and advice from alcohol policy experts working with Aboriginal and Torres Strait Islander peoples and communities.

We also wish to draw the Inquiry's attention to the 2009 Preventative Health Taskforce report which found that Aboriginal and Torres Strait Islander peoples are a particularly high risk group in Australia with regard to the health and social impacts of alcohol consumption. The Taskforce made several recommendations for action to address this. However, we are very concerned that to date there has been very little action on this front. The Taskforce' report showed that while Aboriginal and Torres Strait Islander peoples are about twice as likely to abstain from alcohol as other Australians, those who do drink can be up to six times more likely to drink at high-risk levels than other Australians. Consequently, Aboriginal and Torres Strait Islander peoples experience disproportionate rates of alcohol related harm. For instance, mortality rates from alcohol-related diseases are 4-times higher among Aboriginal and Torres Strait Islander peoples than other Australians. We see this as totally unacceptable, not only in terms of it being one of the greatest health inequalities in Australia today, but also given that much of this harm is preventable.

We strongly encourage the Committee to consider the Preventative Health Taskforce report and its recommendations in relation to Aboriginal and Torres Strait Islander communities, as well as its recommendations more broadly for a comprehensive approach to preventing alcohol related harm in Australia. Its key recommendations regarding Aboriginal and Torres Strait Islander communities are:

- Increase access to health services for Indigenous people who are drinking at harmful levels.
- Support local initiatives in Indigenous communities.
- Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.
- Establish and fund a multi-site trial of alcohol diversion programs.
- In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.

We would also like to express our support for the submission to this Inquiry provided by the National Indigenous Drug and Alcohol Committee (NIDAC), which is a key member of our Alliance. We support NIDAC's view that reducing alcohol related harm among Aboriginal and Torres Strait Islander communities will require taking more action in the area of alcohol policy specifically, as we have recommended above, as well as addressing the social and economic determinants of harmful use, including improvement of education, health, and employment opportunities. We also support the principles recommended by NIDAC, in its paper *Addressing harmful alcohol use amongst Indigenous Australians*, for the development of responses to alcohol related harm in Aboriginal and Torres Strait Islander communities, including:

- Indigenous people should be involved at all stages of the development and implementation of strategies to address harmful alcohol use in their communities.
- The capacity of Indigenous communities to deliver alcohol intervention initiatives should be actively encouraged and resourced – including an expanded program of workforce development.
- Any strategies to reduce alcohol-related harm should be evidence-based and culturally secure.
- Strategies to specifically address harmful alcohol use should be conducted in conjunction with strategies to address the underlying social determinants of such use.

Thank you for the opportunity to provide this input for the Committee's consideration. If you have any questions regarding our submission or require any additional information please do not hesitate to contact Brian Vandenberg, Executive Officer for the NAAA (naaa@cancervic.org.au).

Yours sincerely



Professor Mike Daube

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Co-Chair, National Alliance for Action on Alcohol



Mr Todd Harper

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