



NATIONAL ALCOHOL POLICY SCORECARD

2014 RESULTS

Benchmarking Australian Governments'
Progress Towards Preventing and
Reducing Alcohol-Related Harm



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THE NATIONAL ALLIANCE FOR ACTION ON ALCOHOL (NAAA) IS A NATIONAL COALITION OF HEALTH AND COMMUNITY ORGANISATIONS FROM ACROSS AUSTRALIA THAT HAS BEEN FORMED WITH THE GOAL OF REDUCING ALCOHOL-RELATED HARM.

MEMBERS OF THE NAAA

- Aboriginal Medical Services Alliance Northern Territory
- Addiction Journal
- Alcohol and Drug Foundation Queensland
- Alcohol and Other Drugs Council of Australia
- Alcohol Policy Coalition (Victoria)
- Alcohol Tobacco and Other Drug Association ACT
- Anglicare Australia
- Anyinginyi Health Aboriginal Corporation
- Australasian College for Emergency Medicine
- Australasian Faculty of Public Health Medicine
- Australasian Professional Society on Alcohol and other Drugs
- Australian Chronic Disease Prevention Alliance
- Australian Dental Association
- Australian Dental Association – Queensland Branch
- Australian Drug Foundation
- Australian Health Promotion Association
- Australian Healthcare & Hospitals Association
- Australian Injury Prevention Network
- Australian Medical Association
- Australian National Council on Drugs
- Australian Research Alliance for Children and Youth
- beyondblue
- Byron Youth Service
- Cancer Council Australia
- Cancer Council Tasmania
- Cancer Council Victoria
- Centre for Youth Substance Abuse Research
- City of Port Phillip
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- Diabetes Australia
- Drug Arm
- Foundation for Alcohol Research and Education
- Hobart City Council
- Independent Order of Rechabites Fraternity (Victoria) Inc
- Independent Order of Rechabites Queensland District No. 87 Inc.
- Injury Control Council of Western Australia (Inc)
- Inner South Community Health Service
- Kidney Health Australia
- Local Government Association Northern Territory



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- McCusker Centre for Action on Alcohol and Youth
 - Miwatj Health Aboriginal Corporation
 - National Drug and Alcohol Research Centre
 - National Drug Research Institute
 - National Heart Foundation Australia
 - National Indigenous Drug and Alcohol Committee
 - National Local Government Drug and Alcohol Committee
 - National Organisation for Fetal Alcohol Syndrome and Related Disorders
 - National Rural Health Alliance
 - National Stroke Foundation
 - Network of Alcohol and Other Drug Agencies
 - OnTrack
 - Pedestrian Council of Australia
 - People's Alcohol Action Coalition (Alice Springs)
 - Police Federation of Australia
 - Public Health Advocacy Institute
 - Public Health Association Australia
 - Queensland Alcohol and Drug Research and Education Centre
 - Queensland Network of Alcohol and Drug Agencies
 - Royal Australasian College of Physicians
 - Royal Australasian College of Surgeons
 - Russell Family Fetal Alcohol Disorders Association
 - Salvation Army – Southern Territory
 - South Australian Network of Drug and Alcohol Services
 - Sydney South West Area Health Service
 - Tedd Noffs Foundation
 - Telethon Institute for Child Health
 - The University of Newcastle
 - The University of Queensland
 - The University of Southern Cross
 - The University of Wollongong
 - Turning Point Alcohol and Drug Centre
 - Uniting Church in Australia
 - UnitingCare ReGen
 - Victorian Alcohol and Drug Association
 - Western Australian Local Government Association
 - Western Australian Network of Alcohol and other Drug Agencies
 - Western Region Alcohol and Drug Centre

Current members as at December 2014

EXECUTIVE SUMMARY

Aims of the Scorecard

The National Alcohol Policy Scorecard is an initiative of the National Alliance for Action on Alcohol (NAAA) and aims to:

- Raise awareness of progress in alcohol policy development within Australian States/Territories and Federally;
- Recognise good practice in alcohol policy; and,
- Motivate governments to continue to strengthen and improve alcohol policy.

2014 is the second year in which the National Alcohol Policy Scorecard has been produced, which commenced in 2013. The following report provides a summary of the 2014 results.

Criteria and assessment process

The National Alcohol Policy Scorecard covers each of the eight State and Territory jurisdictions, as well as the Federal jurisdiction in Australia. The scorecard consists of 10 alcohol policy criteria against which each jurisdiction's performance has been benchmarked. The results of the 2014 benchmarking, which have been prepared by the NAAA Secretariat, are based on:

- The scores and the accompanying comments provided by a minimum of two expert assessors in each jurisdiction (we report the mean of the scores submitted by the two assessors);
- Information we requested from the relevant government ministers in each jurisdiction;
- Our own research regarding the status of alcohol policies and programs in each jurisdiction; and,
- Comparison of the 2013 and 2014 scores.

Results

The NAAA's aim has been to achieve a balance between focusing on the positive and negative aspects of alcohol policy in Australia. Where jurisdictions are performing well this is acknowledged, but where they are not, this is highlighted as an opportunity for improvement and further development.

In 2014, the ACT is the overall leader in the National Alcohol Policy Scorecard, for the second year running. The majority of jurisdictions scored well below a "pass" grade (i.e. 50%) in alcohol policy. In other words, the majority of Australian jurisdictions are "failing" in developing and implementing evidence based alcohol policy. The Federal jurisdiction is the lowest performing, for the second year running, and is therefore the winner of the 2014 "Fizzers" award. The Federal jurisdiction's score has dropped by 20 percentage points since 2013; the greatest drop of all jurisdictions. In contrast, NSW has achieved the most improvement since last year, moving upwards by 10 percentage points.

Some common areas of strength are drink driving countermeasures, data management and research. However, several jurisdictions lack a whole-of-government strategy or action plan on alcohol, public health oriented alcohol pricing and taxation policies are lacking in all jurisdictions, and most jurisdictions scored poorly in terms of their restrictions on alcohol marketing and promotions, and also in terms of transparent and independent policy.

THE NAAA'S
AIM HAS BEEN
TO ACHIEVE
A BALANCE
BETWEEN
FOCUSING ON
THE POSITIVE
AND NEGATIVE
ASPECTS OF
ALCOHOL POLICY
IN AUSTRALIA.

Conclusions and recommendations

The NAAA encourages all jurisdictions to work hard at strengthening alcohol policy, given the scientific evidence that this can lead to significant improvements in public health and safety. In particular, the NAAA strongly encourages the Australian government to take action to improve alcohol policy at the national level, and the development of a new national alcohol strategy must be one of the first priorities.



INTRODUCTION

Stronger alcohol policies for healthier families and safer communities

The health and wellbeing of the nation's families and the safety and security of Australian communities can be strengthened if we work together to improve policies that prevent alcohol-related harm. In 2009, the National Alliance for Action on Alcohol (NAAA) was formed with this goal in mind. Today, the NAAA is a national coalition representing more than 70 organisations from across Australia. 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 far-reaching impacts of alcohol-related harm also underline why Australia urgently needs a whole-of-government strategy to drive and coordinate action. The NAAA is calling for changes to our harmful drinking culture through stronger alcohol policies, based on up-to-date scientific evidence and advice from the country's leading experts on preventing alcohol-related harm.

A preventable problem

Australians know we have a drinking problem, and want action to stop things getting worse. A recent poll found that three-quarters of the population are concerned that this situation will not improve over the next five to 10 years.¹

The adverse effects of alcohol consumption are enormous:

- Alcohol plays a role in an extraordinary range of health problems, including cardiovascular disease, cancers, diabetes, nutrition-related conditions, overweight and obesity as well as the immediate impacts of alcohol for both the drinker and others.²
- The harms to others from somebody's drinking are often indiscriminate and far reaching, ranging from random acts of drunken violence to child maltreatment.³
- The total cost of alcohol problems in Australia each year exceeds \$36 billion, including the cost to the health system, law enforcement, lost productivity in the workplace, and the pain, suffering and harms to drinkers and those around them.^{4,5}
- Aboriginal and Torres Strait Islander People experience disproportionate rates of alcohol-related harm. Mortality rates from alcohol-related diseases are four times higher among Aboriginal than non-Aboriginal populations.⁶
- In young people, drinking can adversely affect brain development and lead to alcohol-related problems in later life.⁷

- Alcohol can trigger or worsen pre-existing mental health conditions (e.g. anxiety, depression, schizophrenia).⁸
- Alcohol is a greater factor than speed, fatigue, weather or road conditions in fatal road crashes in Australia and is responsible for more than a third of road deaths.⁹
- Nearly half of all homicides in Australia are preceded by alcohol consumption, either by the victim or the offender.¹⁰
- Prenatal exposure to alcohol can result in Fetal Alcohol Spectrum Disorders (FASD) leading to learning difficulties, a reduced capacity to remember tasks from day to day, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lung and other organs.¹¹

The NAAA sees this huge toll from alcohol as completely unacceptable because much of it is preventable. We are not awaiting medical breakthroughs for a solution. There is already ample scientific evidence and expertise to guide the policy action needed to prevent alcohol-related harm.

The NAAA's National Alcohol Policy Scorecard provides an assessment of how well Australian jurisdictions are currently doing in their policy responses to reduce alcohol-related harm and where their efforts can be strengthened.

ALCOHOL POLICY IN AUSTRALIA

Responsibilities of government

In Australia, responsibilities for key alcohol policies are shared between the State and Territory governments and the Australian Government. The Australian government's main responsibilities include: alcohol pricing and taxation policies; and, policies regarding restrictions on marketing. However, States and Territories can also act in these policy areas. State and Territory governments' main responsibilities include: policies regarding regulating physical availability; modifying the drinking environment; drink driving countermeasures; and, delivering treatment and early intervention programs. Australian government can also act in these areas. Policy areas where both Australian government and State and Territory governments can be active include: developing whole-of-government strategic plans; education and persuasion; data management and research; and, developing transparent and independent policy. It should be noted that local government also has some important responsibilities for alcohol policy in Australia relating to land use planning and social planning, community safety, event and facilities management, and liaising with and supporting local businesses and communities.

Approach and objectives

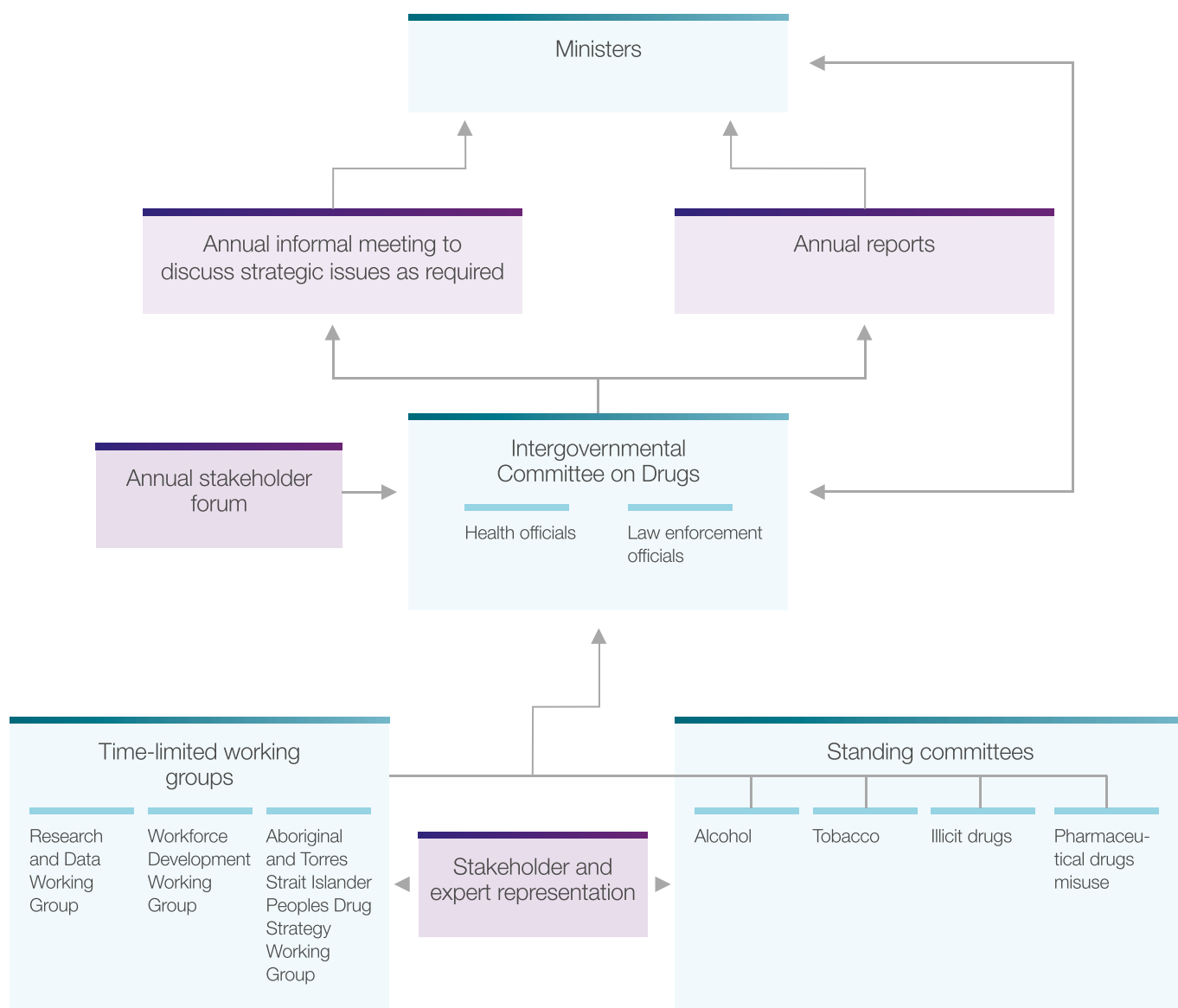
Alcohol policy in Australia is underpinned by the three pillars of demand reduction, supply reduction, and harm reduction, which is formally recognised in the National Drug Strategy 2010-2015.¹² Prevention is an integral objective across the three pillars. The Australian approach to alcohol policy is characterised by partnerships between health and law enforcement sectors and engagement with all levels and parts of government, the non-government sector, and the community. Australia has had a coordinated national policy for addressing alcohol (and tobacco and illicit drugs) since 1985.

Governance

Nationally, governance of alcohol policy in Australia sits within the overall governance arrangements of the National Drug Strategy [see Figure 1]. Within this governance framework, the Intergovernmental Committee on Drugs (IGCD) manages the ongoing work of the National Drug Strategy. The IGCD is an Australian, State and Territory government forum of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the Australian government Department of Education. The committee provides

policy advice to relevant ministers on drug-related matters, and is responsible for implementing policies and programs under the National Drug Strategy framework. The IGCD is supported by standing committees, one of which is specifically focused on alcohol. The IGCD is an advisory group rather than a decision-making body, which provides policy advice at annual informal meetings of interested health, police, attorneys-general, education and other relevant ministers. Previously, a ministerial forum existed known as the Ministerial Council on Drug Strategy (MCDS) which reviewed advice from the IGCD and determined national drug policy. The MCDS was discontinued in June 2011.

Figure 1. Governance structure to support the National Drug Strategy



THE 2014 NATIONAL ALCOHOL POLICY SCORECARD

Aims

The National Alcohol Policy Scorecard is an initiative of the National Alliance for Action on Alcohol (NAAA) and aims to:

- Raise awareness of progress in alcohol policy development within Australian States/Territories and Federally;
- Recognise good practice in alcohol policy; and,
- Motivate governments to continue to strengthen and improve alcohol policy.

The scorecard – scientific and relevant

The benchmarking scorecard has been developed to reflect (1) the scientific evidence regarding which alcohol policies are most effective and also (2) the most socially and culturally relevant and important alcohol policies in a contemporary Australian context. In this way, the National Alcohol Policy Scorecard aims to strike a balance between being scientifically rigorous and of interest and relevance to communities and government policymakers in each jurisdiction.

The scorecard consists of 10 alcohol policy criteria, and for each of these, a four-point scale was used by assessors to rate how each jurisdiction is performing:

0 = No policy in place.

This rating applies where there is no policy or nothing appropriate is included in the policy.

1 = Needs significant improvement.

This rating applies where the current policy falls well below the expected minimum standard.

2 = Needs minor improvement.

This rating applies where the policy is close to meeting the expected minimum standard required.

3 = Meets or exceeds the expected standard.

This rating applies where the policy meets or exceeds the expected minimum standard required.

Expert assessments based on local knowledge

There have been some important enhancements to the scorecard since the pilot year (2013) that should be noted:

- Additional policy detail has been added to some criteria, including:
 - Short, medium and/or long term objectives, targets and measures (1f).
 - Ban on below-cost sales (2c).
 - Enactment and enforcement of secondary supply laws and their scope (i.e. irresponsible supply) (3e).
 - Mandatory interlock devices for repeat or high risk offenders (e.g. young people or people with very high BAC readings) (5d).
- The Federal jurisdiction has been scored in all policy criteria (with the exception of drink driving countermeasures), recognising that the Federal government has a key role in all alcohol policy areas. As a result, the Federal jurisdiction's total possible score is 27 points (increased from 24 in 2013).
- While the Federal jurisdiction has the key responsibilities in the area of pricing and taxation, State and Territory jurisdictions have also been partially scored in this area, recognising that these jurisdictions have a role in bans on below-cost sales (2c) and regulating discounting (2f). As a result, the State/Territory jurisdictions' total possible score is 28 points (increased from 27 in 2013).

Because of these differences in the total possible scores for jurisdictions (i.e. the denominator), there has been an overall drop in the total percentage scores achieved by most jurisdictions in 2014 compared to 2013.

Expert assessments based on local knowledge

During the period September to November, assessors with expert knowledge of alcohol policy in each State and Territory, and Federally, were invited to complete the scorecard for their respective jurisdiction. Assessors were asked to provide commentary, in addition to providing numerical scores. Assessors were encouraged to draw upon relevant information to assist in their scoring, but were asked to treat the contents of their scorecard as confidential so that the independence and integrity of the benchmarking exercise is maintained.

In addition to the assessors' input, we requested information from the relevant government ministers in each jurisdiction and undertook our own research regarding the status of alcohol policies and programs in each jurisdiction. We also reviewed provisional 2014 scores for each jurisdiction by comparing these with the 2013 scores. Finally, a panel of expert judges reviewed the individual and total scores for each jurisdiction in order to derive the final scores and the overall ranking of the jurisdictions. The NAAA's aim has been to achieve a balance between focusing on the positive and negative aspects of alcohol policy in Australia. Where jurisdictions are performing well this is acknowledged, but where they are not, this is highlighted as an opportunity for improvement and further development.



Table 1. Policy criteria included in the National Alcohol Policy Scorecard

<p>1. A whole-of-government strategic plan for the prevention and reduction of alcohol related harm.</p> <ul style="list-style-type: none"> a. Combination of population-wide and targeted programs (including Aboriginal or Torres Strait Islanders). b. Legal, policy and regulatory approaches. c. Monitoring and enforcement. d. Evaluation. e. Coordination across government. f. Short, medium and/or long term objectives, targets and measures. <p>2. Public health oriented alcohol pricing and taxation policies.</p> <ul style="list-style-type: none"> a. Volumetric taxation. b. Minimum (floor) price for alcohol. c. Ban on below-cost sales. d. Additional tax on high strength/risk products. e. Tax rates adjusted with inflation. f. Regulating discounting. g. Hypothecate alcohol taxation revenue to support health/community programs. <p>3. Regulating physical availability.</p> <ul style="list-style-type: none"> a. Enforcement of legal purchase age. b. Restrictions on opening hours. c. Restrictions on outlet density. d. Restrictions on availability of high strength/risk products. e. Enactment and enforcement of secondary supply laws and their scope (i.e. irresponsible supply). f. Opportunities for local community involvement in licensing decisions. <p>4. Modifying the drinking environment.</p> <ul style="list-style-type: none"> a. Enforcement of liquor laws. b. Server and manager training. c. Risk based licensing. 	<p>5. Drink driving countermeasures.</p> <ul style="list-style-type: none"> a. Random breath testing. b. Lowered BAC limits. c. License suspension. d. Mandatory interlock devices for repeat or high risk offenders (e.g. young people or people with very high BAC readings). e. Zero BAC for young drivers. <p>6. Restrictions on marketing.</p> <ul style="list-style-type: none"> a. Legal restrictions on content and/or exposure to alcohol advertising for general population, and specifically for young people. b. Power to ban promotions e.g. 'happy hour', cheap drinks, gifts, two-for-one offers. c. Existence of counter advertising. <p>7. Education and persuasion.</p> <ul style="list-style-type: none"> a. Brief interventions with at risk students/workers. b. Social marketing campaigns. c. School based education programs. <p>8. Treatment and early intervention.</p> <ul style="list-style-type: none"> a. Brief interventions with at risk drinkers. b. Medical and social detoxification programs. c. Therapeutic interventions. d. Corrections and justice programs. <p>9. Data management, linking and research.</p> <ul style="list-style-type: none"> a. Funding for research and evaluation. b. Collection and use of alcohol sales data. c. Collection and use of health data. d. Collection and use of police data. <p>10. Transparent and independent policy.</p> <ul style="list-style-type: none"> a. Transparent structures and processes for developing and reviewing policy. b. Restrictions on alcohol industry involvement in policy development. c. Donations from alcohol industry not accepted by the ruling party or opposition parties.
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RESULTS

Summary

Table 2 provides a summary of the total final scores for each jurisdiction resulting from the benchmarking process, with some brief accompanying commentary provided further below.

- The ACT is the overall leader, for the second year running.
- The majority of jurisdictions scored well below a “pass” grade (i.e. 50%) in alcohol policy.
- The Federal jurisdiction is the lowest performing, for the second year running, and is therefore the winner of the 2014 “Fizzers” award.

Changes since last year

Table 3 shows the change in each jurisdiction’s total final score between 2013 and 2014.

- NSW has achieved the most improvement since last year, moving upwards by 10 percentage points.
- Due to an expansion in the policy criteria in which jurisdictions are assessed, the scores for most jurisdictions have dropped slightly since last year.
- Many jurisdictions’ scores have dropped further because of a weakening in their alcohol policy performance over the past year and/or as a result of our review (and reduction) of their scores in 2013.
- The Federal jurisdiction’s score has dropped by 20 percentage points; the greatest drop of all jurisdictions.

Areas of strength

Each jurisdiction’s scores against the 10 scorecard criteria are shown in table 4.

- Most jurisdictions scored well in terms of drink driving countermeasures, where the policies are close to meeting the expected minimum standard required (ACT, NSW, QLD, TAS), or are now meeting this standard (VIC).
- Some jurisdictions also scored well in terms of their whole-of-government strategic plan for the prevention and reduction of alcohol related harm (ACT, NSW, TAS, and WA).
- Some jurisdictions also scored well in terms of data management and research (FED, WA).

Areas for improvement

- Despite some areas of strength, overall there are many weak areas and significant room for improvement across a spectrum of alcohol policies in all jurisdictions.
- A notable weakness at the Federal level is the lack of a whole-of-government strategic plan for the prevention and reduction of alcohol related harm.
- Most jurisdictions scored very poorly in terms of pricing and taxation policies, restrictions on marketing, education and persuasion initiatives, and upholding transparent and independent alcohol policy.

What action is required?

The NAAA encourages all jurisdictions to work hard at strengthening alcohol policy, given the scientific evidence that this can lead to significant improvements in public health and safety.

In particular, the NAAA strongly encourages the Australian government to take action to improve alcohol policy at the national level, as this is where there are major opportunities for improving public health through better alcohol policy.

The NAAA recommends a five point plan to reduce alcohol-related harm in Australia, comprising the following actions:

1. Reduce harmful drinking through changes to alcohol taxation.
2. Protect children from alcohol marketing and promotions.
3. Improve safety and cut the costs to communities caused by alcohol.
4. Give individuals information to make healthier and safer choices.
5. Provide national leadership and motivation for action.

THE NAAA
ENCOURAGES
ALL JURISDICTIONS
TO WORK HARD AT
STRENGTHENING
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GIVEN THE SCIENTIFIC
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TO SIGNIFICANT
IMPROVEMENTS
IN PUBLIC HEALTH
AND SAFETY.



A new national alcohol strategy must be the first priority

International scientific evidence¹³, the World Health Organization¹⁴, and Australia's own national drug strategy¹⁵ all concur that there is no single policy action that can prevent all of the harm caused by alcohol. Comprehensive and multi-pronged strategies are required, and this requires a whole-of-government approach, involving the health, justice, education and other portfolios, as well as central coordination and leadership. The 2014 scorecard highlights that at a national level, there is a critical gap in this area, owing to the lack of a national alcohol strategy for Australia, since 2011.¹⁶ While work has commenced on developing a new national alcohol strategy under the auspice of the Intergovernmental Committee on Drugs (IGCD),¹⁷ the delays have left Australian jurisdictions without national coordination of alcohol policy action for almost four years. This situation has been worsened by the Federal Government's announcement in May 2014 to close the Australian National Preventative Health Agency (ANPHA) which was responsible for delivering several key national alcohol prevention initiatives,¹⁸ and to cease funding for the Alcohol and other Drugs Council of Australia (ADCA) from February 2014, which is the peak national, non-government organisation representing the interests of the Australian alcohol and other drugs sector.

The NAAA recommends that all jurisdictions direct the Intergovernmental Committee on Drugs (IGCD) to complete the development of a new National Alcohol Strategy, including an action plan that clearly details objectives, tasks, milestones, agency responsibilities, and budget, and present this to Federal and State/Territory Ministers for their endorsement by June 2015.

Table 2. Ranking of Total Scores, 2014 National Alcohol Policy Scorecard

Rank	Jurisdiction	Final Score (%)
1.	Australian Capital Territory	48
2.	Western Australia	45
3.	New South Wales	41
4.	Victoria	41
5.	Tasmania	36
6.	Queensland	32
7.	Northern Territory	30
8.	South Australia	30
9.	Australian Government	9

Table 3. Change (%) between 2013 & 2014, National Alcohol Policy Scorecard

Rank	Jurisdiction	Change in Final Score
1.	New South Wales	10
2.	South Australia	-3
3.	Victoria	-5
4.	Queensland	-7
5.	Western Australia	-8
6.	Australian Capital Territory	-9
7.	Northern Territory	-11
8.	Tasmania	-14
9.	Australian Government	-20

Table 4. Scores achieved by each jurisdiction in the 10 policy criteria

	FED	ACT	NSW	NT	QLD
1. A whole-of-government strategic plan for the prevention and reduction of alcohol related harm (3 points)	0	☆☆	☆☆	☆	☆
2. Public health oriented alcohol pricing and taxation policies (3 points)*	☆	☆	0	☆	0
3. Regulating physical availability (3 points)	0	☆	☆☆☆	☆☆	☆
4. Modifying the drinking environment (3 points)	0	☆☆	☆☆	☆	☆☆
5. Drink driving countermeasures (3 points)	N/A	☆☆	☆☆	☆☆	☆☆
6. Restrictions on marketing (3 points)	0	☆	☆	☆	☆
7. Education and persuasion (3 points)	0	☆	☆	0	☆
8. Treatment and early intervention (3 points)	0	☆☆	☆	☆	☆
9. Data management and research (3 points)	☆☆	☆☆	☆	☆☆	☆
10. Transparent and independent policy (3 points)	0	☆	0	0	0

The following scale was used by assessors to rate how each jurisdiction is performing in each of the 10 alcohol policy criteria:

- 0 = No policy in place (this rating applies where there is no policy or nothing appropriate is included in the policy).
- ☆ or ☆ = Needs significant improvement (this rating applies where the current policy falls well below the expected minimum standard).
- ☆☆ or ☆☆☆ = Needs minor improvement (this rating applies where the policy is close to meeting the expected minimum standard required).
- ☆☆☆ or ☆☆☆ = Meets or exceeds the expected standard (this rating applies where the policy meets or exceeds expected minimum standard required).



SA	TAS	VIC	WA
★★	★★★	★★	★★★
★	0	0	0
★	★	★	★★
★	★	★	★
★★	★★★	★★★★	★★
★	0	★	0
0	★	★	★★★
★	★	★★	★
★	★	★★	★★★
★	★	★	★

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NATIONAL ALLIANCE FOR
ACTION ON ALCOHOL

The health and wellbeing of the nation's families and the safety and security of Australian communities can be strengthened if we work together to improve policies that prevent alcohol-related harm. In 2009, the National Alliance for Action on Alcohol (NAAA) was formed with this goal in mind. Today, the NAAA is a national coalition representing more than 70 organisations from across Australia. 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 far-reaching impacts of alcohol-related harm also underline why Australia urgently needs a whole-of-government strategy to drive and coordinate action. The NAAA is calling for changes to our harmful drinking culture through stronger alcohol policies, based on up-to-date scientific evidence and advice from the country's leading experts on preventing alcohol-related harm.

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