2017 ALCOHOL POLICY SCORECARD

Benchmarking Australian Governments’ progress towards preventing and reducing alcohol-related harm

JANUARY 2018
The National Alliance for Action on Alcohol (NAAA) is a national coalition of health and community organisations from across Australia, which was formed in 2009 with the goal of reducing alcohol-related harm. Today, the NAAA is a national coalition representing more than 40 organisations from across Australia. The NAAA’s members cover a diverse range of interests, including public health, law enforcement, Aboriginal and Torres Strait Islander 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 emphasises the importance of cross-sector community partnerships. The far-reaching impacts of alcohol-related harm urgently require a coordinated strategy across Australian governments to drive and sustain action on this pressing community issue.

MEMBERS INCLUDE:

Alcohol and Drug Foundation
Alcohol Tobacco and Other Drug Association ACT
Anglicare Australia
Australasian College for Emergency Medicine
Australasian Professional Society on Alcohol and Other Drugs
Australian Chronic Disease Prevention Alliance
Australian Dental Association
Australian Health Promotion Association
Australian Injury Prevention Network
Cancer Council South Australia
Cancer Council Victoria
Centre for Alcohol Policy Research
Centre for Youth Substance Abuse Research
Dalgarno Institute
Deakin University
Drug ARM Australasia
Foundation for Alcohol Research and Education
Game Changer
Kidney Health Australia
Independent Order of Rechabites Fraternity (Victoria) Inc
Independent Order of Rechabites Queensland District No. 87 Inc.
Injury Matters
Inner South Community Health Service
Lives Lived Well
McCusker Centre for Action on Alcohol and Youth
Miwatj Health Aboriginal Corporation
National Heart Foundation Australia
NOFASD
Pedestrians Council of Australia
People’s Alcohol Action Coalition (Alice Springs)
Police Federation of Australia
Public Health Advocacy Institute WA
Public Health Association of Australia
Queensland Alcohol and Drug Research and Education Centre
Royal Australasian College of Physicians
Royal Australasian College of Surgeons
Russell Family Fetal Alcohol Disorders Association
School of Medicine & Public Health, University of Newcastle
The Salvation Army – Southern Territory
Turning Point Alcohol and Drug Centre
UnitingCare ReGen
Western Australian Network of Alcohol and other Drug Agencies
SUMMARY

AIMS OF THE SCORECARD

The 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, recognise good practice in alcohol policy, and motivate governments to improve alcohol policy. This is NAAA’s fourth Alcohol Policy Scorecard and provides detailed results from 2017.

The Scorecard uses two separate scales, resulting in two Fizzer Awards for the worst performance. The first is for jurisdictions’ policies and their implementation in 2017. The second is for the level of improvement (or regression) between 2016 and the end of 2017.

RESULTS

Tasmania won the Fizzer Award for the overall worst alcohol policies and implementation in 2017, with poor performance in all but one of the nine criteria. For example, the government’s close relationship with the Tasmanian Hospitality Association, which provided free beers to voters who were meeting with the Premier at pubs, resulted in a poor score for independence and transparency.

New South Wales won the Fizzer Award for its backward steps in alcohol policy over 2017. This was due to a variety of factors, including disempowering community involvement and a lack of transparency in liquor licensing decisions and threats to the world-leading Newcastle conditions.

Queensland was the overall best performer in 2017, due to the implementation of a number of policies, such as its state-wide introduction of restrictions on the sale of alcoholic drinks after 2am or 3am, depending on location.

The Northern Territory was the jurisdiction that demonstrated the most improvement since 2016. This improvement followed the government’s support of the Riley Review’s findings and the re-introduction of the Banned Drinkers Register.

Table 1. Rank of states and territories for performance in 2017 (Scale 1)

<table>
<thead>
<tr>
<th></th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>ACT</th>
<th>VIC</th>
<th>NT</th>
<th>NSW</th>
<th>TAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance in 2017</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 2. Rank of states and territories for relative change since 2016 (Scale 2)

<table>
<thead>
<tr>
<th></th>
<th>NT</th>
<th>SA</th>
<th>QLD</th>
<th>WA</th>
<th>VIC</th>
<th>ACT</th>
<th>TAS</th>
<th>NSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since 2016</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

AUSTRALIAN GOVERNMENT

After Australia having been without a National Alcohol Strategy since 2011, it is anticipated that a new National Alcohol Strategy may be adopted in 2018. The draft which was circulated in late 2017 offers some possibilities, but lacks the teeth required to ensure that much-needed changes occur.

Alcohol has continued to become more affordable, a function of Australia’s system of taxing wine, and the weak control of the alcohol marketing and promotion.
CONCLUSIONS

NAAA recommends four achievable policy improvements to ensure that alcohol pricing reflects its true cost to Australian society; to protect children from alcohol advertising on television and public transport; to broaden sensible limits on alcohol availability such as 2am or 3am closures; and to introduce a risk-based liquor licensing system.

ASSESSMENT PROCESS

Scoring for each state and territory comes from at least two expert assessors for each jurisdiction. More information on the assessment process can be found in the Appendix.
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 by improving policies that prevent alcohol-related harm.

The far-reaching impacts of alcohol-related harm urgently require a whole-of-government strategy to drive and coordinate action. The NAAA calls for changes to Australia’s harmful drinking culture through stronger alcohol policies, based on up-to-date, rigorous scientific evidence, and advice from the country’s leading experts on preventing alcohol-related harm.

A PREVENTABLE PROBLEM

Australians know that this country has a drinking problem, and want action to stop things getting worse. The National Wastewater Drug Monitoring Program Report 3 found that alcohol, along with tobacco, is consumed in much greater quantities than all of the other drugs tested.\(^1\) A recent poll found that almost three-quarters of the population are concerned that this situation will not improve over the next five to ten years.\(^2\)

The adverse effects of alcohol consumption are enormous:

- Alcohol plays a role in an extraordinary range of health problems, including cardiovascular disease, cancers, diabetes, and increasing the proportion of Australians who are overweight and obese. The immediate impacts of alcohol can also be severe for both the drinker and others.\(^3\)

- The harms to others from somebody’s drinking are often indiscriminate and far-reaching, ranging from random acts of drunken violence to child maltreatment.\(^4\)

- 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.\(^5,6\)

- Aboriginal and Torres Strait Islander Australians experience disproportionate rates of alcohol-related harm. Mortality rates from alcohol-related diseases are four times higher among Aboriginal and Torres Strait Islander than non-Indigenous populations.\(^7\)

- In young people, drinking can adversely affect brain development and lead to alcohol-related problems in later life.\(^8\)

- Alcohol can trigger or worsen pre-existing mental health conditions (such as anxiety, depression, schizophrenia).\(^9\)

- Alcohol is a substantial factor in fatal road crashes in Australia.\(^10\)

- Nearly half of all homicides in Australia are preceded by alcohol consumption, either by the victim or the offender.\(^11\)

- 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.\(^12\)

The NAAA sees this huge toll from alcohol as completely unacceptable, especially as much of it is preventable. No medical breakthroughs are required for a solution. There is already ample scientific evidence and expertise to guide the policy action needed to prevent alcohol-related harm.
Governments have important roles to play in minimising harm from alcohol consumption. Australians, including children and young people, are exposed to pervasive and influential alcohol marketing. Alcohol is becoming more affordable, with significant loopholes in the tax regime benefitting industry at the expense of health. In many areas, alcohol is becoming even easier to obtain as the density of alcohol outlets increases. Many of the social costs from excessive alcohol consumption are borne by the taxpayer, and the nation more broadly. These include $36 billion in health care, lost productivity and other societal costs.\textsuperscript{13,14} Many of those who suffer the greatest harms from alcohol do not consume alcohol themselves. They include children and spouses who experience abuse from an intoxicated relative, those killed or injured in drink-driving crashes, and those who experience a drunken assault. Even for those not directly affected by such violence, many feel less safe in their neighbourhoods because of excessive alcohol availability.

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 national regulation of marketing. However, states and territories can also act in these policy areas. State and territory governments’ main responsibilities include: regulation of the physical availability of alcohol; modifying the drinking environment; drink driving countermeasures; delivering treatment and early intervention programs; and, regulation of marketing on public transport and on- and off-licence promotions. The 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.

Local governments also have 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.

AIMS OF THE 2017 ALCOHOL POLICY SCORECARD

The aims of the 2017 Alcohol Policy Scorecard include:

- raising awareness of progress in alcohol policy development within Australian states/territories and nationally
- recognising good practice in alcohol policy
- motivating governments to continue to strengthen and improve alcohol policy.
RESULTS

POLICIES AND IMPLEMENTATION IN 2017 BY JURISDICTION

• Overall, Queensland had the best score for policies and implementation (66%), closely followed by South Australia (64%; see Table 3). Queensland and South Australia performed as well or better than the average jurisdiction across all nine criteria. These two jurisdictions also topped the list in 2016, which demonstrates the importance of strong legislation and policies.

• Tasmania won the Fizzer Award for the overall lowest score (23%) for policy and implementation in 2017, with New South Wales earning only a marginally higher score (24%). Tasmania’s score was brought down by a wide range of factors – it scored 50% for only one of the nine criteria, and scored at or below 25% for all of the others. Tasmania did not have a strategic plan in 2017, and progress toward developing one has been officially halted until after the 2018 state election. There were also concerns about how well the minimum drinking age was enforced.

• New South Wales scored 50% on only two of the nine criteria, and below 50% on all of the others. The lack of transparency in liquor licensing decisions, and the substantial barriers to community input were particularly problematic, and contributed to its low score. Further issues are detailed on the next page, which describes why New South Wales won the Fizzer Award for the worst regression in alcohol policy since 2016.

AREAS OF STRENGTH

• The introduction of a set time for last drinks throughout Queensland is an important measure, which could be emulated by other jurisdictions to reduce alcohol-related harm.

• Most jurisdictions scored well in regard to measures to prevent of drink-driving (see Table 4).

• Most jurisdictions scored reasonably well for treatment and early intervention, particularly Queensland, South Australia and the Australian Capital Territory.

AREAS FOR IMPROVEMENT

• Only South Australia and Queensland scored 50% or higher for having transparent and independent alcohol-related policy. South Australia earned the highest score in this criterion due to its open process for the development of its Alcohol and Drug Strategy, which includes commitment to increase community participation in planning, implementation and evaluation of services. South Australia’s open review of its Liquor Act also increased its score.

• Only South Australia and Queensland scored 50% or higher for restrictions on alcohol marketing.

• Only half of the jurisdictions scored over 50% for regulating physical availability, or for education and persuasion.

• Five jurisdictions scored substantially under 50% for having a whole-of-government strategic plan.
Table 3. Total scores (%) for 2017 policies and implementation by jurisdiction

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>RANK</th>
<th>SCORE (%)</th>
<th>PROGRESS SINCE 2016</th>
<th>RANKING CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD</td>
<td>1</td>
<td>66</td>
<td>↑</td>
<td>No change</td>
</tr>
<tr>
<td>SA</td>
<td>2</td>
<td>64</td>
<td>↑</td>
<td>No change</td>
</tr>
<tr>
<td>WA</td>
<td>3</td>
<td>51</td>
<td>↑</td>
<td>No change</td>
</tr>
<tr>
<td>ACT</td>
<td>4</td>
<td>51</td>
<td>↓</td>
<td>No change</td>
</tr>
<tr>
<td>VIC</td>
<td>5</td>
<td>40</td>
<td>↓</td>
<td>+2</td>
</tr>
<tr>
<td>NT</td>
<td>6</td>
<td>38</td>
<td>↑</td>
<td>+2</td>
</tr>
<tr>
<td>NSW</td>
<td>7</td>
<td>24</td>
<td>↓</td>
<td>-2</td>
</tr>
<tr>
<td>TAS</td>
<td>8</td>
<td>23</td>
<td>↓</td>
<td>-2</td>
</tr>
</tbody>
</table>

Note: Both WA and ACT had a score which rounds to 51%, however, the unrounded score for WA was slightly higher.

CHANGE IN PERFORMANCE SINCE 2016

The Northern Territory was the most improved jurisdiction between the end of 2016 and the end of 2017 (Table 5). This was achieved through a re-introduction of the Banned Drinkers Register and the government’s in-principle acceptance of all but one of the recommendations from the Riley Review, including establishment of an independent liquor commission and the introduction of a floor price on alcohol.

A score of 50% represents no net change in how well the policies and implementation prevented alcohol-related harm. Two jurisdictions had scores indicating that there had been little overall change: Western Australia (52%) and Victoria (49%).

Three jurisdictions had scores substantially below 50%, indicating that their alcohol policies and implementation had become less effective since 2016. New South Wales had the lowest score (27%) for the worst regression due to a range of poor policy and implementation decisions. These include the disenfranchisement of the community voice in licensing decisions with a system tipped to silence them. The three strikes laws were weakened by removing the imposition of strikes against owners, and passing this compliance burden onto licensees. Provisions allow a strike be removed after just six months. The government now allows late trading venues in Kings Cross and Sydney to extend last drinks and the one-way door by half an hour if they are recognised as a “live entertainment” site. This ignores the Callinan Review’s recommendations to ensure any relaxation was strictly defined and enforced. The government also significantly increased the patronage of small bars from 60 to 100, automatically extending trading times to 2am.

Tasmania and the Australian Capital Territory both had scores somewhat below 50% (43% and 46%, respectively). In Tasmania the scandal of the Premier meeting with voters in pubs, with free beers supplied by the Tasmanian Hospitality Association, was a substantial backward step in the transparency of alcohol policy. The ACT has failed to introduce a range of evidence-based harm minimisation measures outlined in the Building on Liquor Reform: White Paper.15
AREAS OF IMPROVEMENT

- Most jurisdictions saw improvements in data management and research.
- Treatment and early intervention was an area of progress in several jurisdictions.

AREAS OF REGRESSION

- Policy became considerably less transparent and independent in New South Wales, for instance through opaque decisions in liquor licencing. Transparency was also seen to decline in both the Australian Capital Territory and Tasmania. It did not change in most jurisdictions, increasing only in the Northern Territory.
- The average score for regulating physical availability was brought down by New South Wales, and declined in another three jurisdictions.
- The scores for half of the jurisdictions declined in relation to their whole-of-government plan and approach to reducing alcohol-related harm.

THE AUSTRALIAN GOVERNMENT

For several years, the Australian Government has failed Australians by ignoring a growing evidence base detailing sensible national measures to reduce unnecessary alcohol-related harm. This inaction is highlighted by the fact that the last National Alcohol Strategy expired in 2011. The recent release of a draft National Alcohol Strategy that would begin in 2018 is therefore a positive sign. The draft strategy takes account of much of the evidence on reducing alcohol-related harm, but currently lacks substantial mechanisms to ensure this evidence is implemented. The draft strategy does not specify which levels of government would be responsible for which actions, nor does it provide a timeframe or budget for doing so. The real risk is that the document becomes a list of unfulfilled wishes.

One example relates to alcohol advertising, an area of particular responsibility for the Australian Government. The draft notes problems with the current system, but proposes little to address these problems. Instead, it continues to shift its responsibilities by relying on industry self-regulation and co-regulation with industry, despite the obvious conflict of interest. Action by the Australian Government to end the exemption allowing alcohol to be advertised on television when children are watching if sport is being broadcast would be a sensible, easily achieved first step, but one which is missing from the draft.

The draft strategy’s discussion of minimum pricing on alcohol follows similar proposals in the Northern Territory and Western Australia. The Australian Government could effectively set a minimum price by introducing a volumetric tax on alcohol. A volumetric tax has been used in other countries, and has its greatest effect on heavy drinkers who consume inexpensive alcohol. It therefore has significant health benefits. A national roll-out of such a policy on all types of alcohol would streamline the complicated set of regulations currently in place, and would more effectively minimise harm.

The Australian Government’s recent focus on Fetal Alcohol Spectrum Disorder (FASD) is welcome. This includes funding for research through the Medical Research Future Fund, and action from non-profit organisations. While very positive, this funding is still not commensurate with the devastation to individuals, families and communities in Australia brought by FASD.

In summary, the Australian Government’s policies on reducing alcohol-related harm came from a very poor starting point in 2017. The year saw some positive action, but much of this was potentially to prepare for future on-the-ground changes that will help Australians. The real test of the Australian Government’s action in 2017 will become clearer in 2018.
### Table 4. Scores (%) for 2017 policies and implementation by jurisdiction and criteria

<table>
<thead>
<tr>
<th>CRITERION</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>WA</th>
<th>SA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A whole-of-government strategic plan for the prevention and reduction of alcohol related harm</td>
<td>13</td>
<td>33</td>
<td>75</td>
<td>58</td>
<td>63</td>
<td>13</td>
<td>38</td>
<td>38</td>
<td>41</td>
</tr>
<tr>
<td>2. Regulating physical availability</td>
<td>13</td>
<td>33</td>
<td>75</td>
<td>50</td>
<td>56</td>
<td>13</td>
<td>38</td>
<td>63</td>
<td>42</td>
</tr>
<tr>
<td>3. Modifying the drinking environment</td>
<td>25</td>
<td>42</td>
<td>63</td>
<td>42</td>
<td>69</td>
<td>25</td>
<td>75</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>4. Drink driving countermeasures</td>
<td>50</td>
<td>92</td>
<td>75</td>
<td>75</td>
<td>75</td>
<td>50</td>
<td>88</td>
<td>50</td>
<td>69</td>
</tr>
<tr>
<td>5. Education and persuasion</td>
<td>25</td>
<td>25</td>
<td>63</td>
<td>67</td>
<td>56</td>
<td>25</td>
<td>50</td>
<td>13</td>
<td>40</td>
</tr>
<tr>
<td>6. Treatment and early intervention</td>
<td>50</td>
<td>50</td>
<td>75</td>
<td>50</td>
<td>63</td>
<td>25</td>
<td>63</td>
<td>38</td>
<td>52</td>
</tr>
<tr>
<td>7. Data management and research</td>
<td>25</td>
<td>50</td>
<td>63</td>
<td>75</td>
<td>56</td>
<td>13</td>
<td>50</td>
<td>38</td>
<td>46</td>
</tr>
<tr>
<td>8. Transparent and independent policy</td>
<td>6</td>
<td>17</td>
<td>50</td>
<td>33</td>
<td>63</td>
<td>25</td>
<td>25</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>9. Restrictions on marketing</td>
<td>13</td>
<td>17</td>
<td>50</td>
<td>17</td>
<td>75</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>31</td>
</tr>
</tbody>
</table>

### Table 5. Total scores (%) for relative change in policies and implementation between the end of 2016 and the end of 2017

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>RANK</th>
<th>SCORE (%)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT</td>
<td>1</td>
<td>69</td>
<td>The Northern Territory reintroduced the banned drinkers register and initiated the Riley Review. The Government's in-principle support for all but one of its recommendations, including a floor price on alcohol, demonstrate an evidence-based approach to alcohol-related harm.</td>
</tr>
<tr>
<td>SA</td>
<td>2</td>
<td>61</td>
<td>South Australia (SA) released its Alcohol and Drug Strategy. It should facilitate enforcement of liquor licensing laws and more appropriate penalties. SA agreed to wholesale data collection and for the Adelaide Metro to ban alcohol ads on public transport vehicles.</td>
</tr>
<tr>
<td>QLD</td>
<td>3</td>
<td>56</td>
<td>Following strong performances in recent years, including the introduction of state-wide last drinks laws, Queensland saw little change in 2017.</td>
</tr>
<tr>
<td>WA</td>
<td>4</td>
<td>52</td>
<td>Western Australia's commitment to reduce children's exposure to alcohol advertising by banning it at bus stops is a significant and welcome step. Discussion about a minimum unit price should focus the political debate on evidence-based measures to reduce harm.</td>
</tr>
<tr>
<td>VIC</td>
<td>5</td>
<td>49</td>
<td>The Victorian Commission for Gambling and Liquor Regulation has enhanced the way it detects high-risk breaches, but has a long way to go to substantially affect alcohol-related harm. Reporting wholesale alcohol sale data began in 2017, and Victoria announced increased funding for treatment and pledged to tighten caps on political donations.</td>
</tr>
<tr>
<td>ACT</td>
<td>6</td>
<td>46</td>
<td>The Australian Capital Territory (ACT) introduced perpetual liquor licences and other measures to reduce ‘red tape’ at the expense of people’s health. The ACT also increased the liquor industry representation on the Liquor Advisory Board.</td>
</tr>
<tr>
<td>TAS</td>
<td>7</td>
<td>43</td>
<td>Alcohol was omitted as a factor in the Healthy Tasmania Plan. The Premiere supplied free beer to voters at pubs, subsidised by the Tasmanian Hospitality Association.</td>
</tr>
<tr>
<td>NSW</td>
<td>8</td>
<td>27</td>
<td>New South Wales backpedalled on previous commitments, including by the introduction of further exemptions to late trading venues in Sydney and by watering down the three strikes laws. The Independent Liquor and Gaming Authority showed a strong bias toward the alcohol industry in approval of new licences. The excuse of industry self-regulation was increasingly used to hide a number of regressive steps.</td>
</tr>
</tbody>
</table>
CONCLUSIONS AND RECOMMENDATIONS

While some jurisdictions are better than others at protecting their citizens from alcohol-related harm, there is room for improvement in all jurisdictions. The NAAA encourages all jurisdictions to use this scorecard to assess which policy areas might be most easily improved. They can do this by considering the criteria for which they do not score well compared with other jurisdictions.

Harm reduction should be the principal motivation when developing and implementing alcohol policy. The scientific literature is clear on positive steps which are known to be effective in reducing the health impacts of alcohol, and jurisdictions should rely on this literature. While there are considerable differences between jurisdictions, all jurisdictions could experience substantial reductions in alcohol-related harm by implementing evidence-based policies.

The NAAA recommends a four-point plan to reduce alcohol-related harm in Australia:

1. Reduce harmful drinking through changes to alcohol pricing, including through a floor price for alcohol and application of volumetric taxation on wine.

2. Protect children from alcohol marketing and promotions by removing the exemption that lets alcohol be advertised on television at hours children watch when it is part of sport, and banning advertisements on public transport.

3. Improve community safety through sensible limits on the availability of alcohol, by introducing a 2am or 3am last drinks rule at licensed premises (depending on the location and risk), one-way doors at 1am, and genuine community input into licensing decisions.

4. Introduce a risk-based liquor licensing scheme that is reflective of harm associated with alcohol use in its pricing schedule.

APPENDIX: METHODOLOGICAL APPROACH

THE SCORECARD – SCIENTIFIC AND RELEVANT

A benchmarking Scorecard has been developed to reflect (1) the scientific evidence regarding which alcohol policies are most effective and (2) achievable gains which could be made in Australia in the short to medium-term. In this way, the Alcohol Policy Scorecard strikes a balance between being scientifically rigorous and being of interest and relevance to government policymakers in each jurisdiction. More information on the scorecard and the methods used to assess the jurisdictions can be found in the Appendix.

The Alcohol Policy Scorecard covers the eight Australian states and territories. An assessment of the Australian Government’s alcohol policy is also provided, but there is no direct comparison with states and territories given the different regulatory roles for different levels of government.

CRITERIA

The scorecard consists of nine alcohol policy criteria (Table 6). For each of these, two 5-point scales are provided for assessors. The first scale rates how well a jurisdiction implemented the policies in 2017. The second scale rates how much progress or regression there was in each jurisdiction from the end of 2016 through 2017.
## Scale 1:
### How Well a Jurisdiction Implemented the Policies in 2017

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No policy in place. This rating applies where there is no policy currently in the jurisdiction, or nothing appropriate is included in the jurisdiction's existing policy.</td>
</tr>
<tr>
<td>2</td>
<td>Needs significant improvement. This rating applies where the jurisdiction's current policy falls well below the expected minimum standard.</td>
</tr>
<tr>
<td>3</td>
<td>Needs some improvement. This rating applies where the jurisdiction's current policy falls somewhat below the expected minimum standard.</td>
</tr>
<tr>
<td>4</td>
<td>Needs minor improvement. This rating applies where the jurisdiction's policy is close to meeting the expected minimum standard required.</td>
</tr>
<tr>
<td>5</td>
<td>Meets or exceeds the expected standard. This rating applies where the jurisdiction's policy meets or exceeds the expected minimum standard required.</td>
</tr>
</tbody>
</table>

## Scale 2:
### Progress or Regression in a Jurisdiction from July 2016 through 2017

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substantial regression occurred. This rating applies where the jurisdiction's policy became substantially worse between 2016 and the time of evaluation.</td>
</tr>
<tr>
<td>2</td>
<td>Some regression occurred. This rating applies where the jurisdiction's policy became somewhat worse between 2016 and the time of evaluation.</td>
</tr>
<tr>
<td>3</td>
<td>No meaningful change occurred. This rating applies where the jurisdiction's policy did not change in a way that meaningfully altered the risk of harm between 2016 and the time of evaluation.</td>
</tr>
<tr>
<td>4</td>
<td>Some progress occurred. This rating applies where the jurisdiction's policy became somewhat better between 2016 and the time of evaluation.</td>
</tr>
<tr>
<td>5</td>
<td>Substantial progress occurred. This rating applies where the jurisdiction's policy became substantially better between 2016 and the time of evaluation.</td>
</tr>
</tbody>
</table>
### Table 6. Policy criteria included in the Alcohol Policy Scorecard

| 1. A whole-of-government strategic plan for the prevention and reduction of alcohol related harm | - Combination of population-wide and targeted programs (including programs for Aboriginal or Torres Strait Islander Australian).  
- Legal, policy and regulatory approaches.  
- Monitoring and enforcement.  
- Evaluation.  
- Coordination across government.  
- Short, medium and/or long term objectives, targets and measures. |
|---|---|
| 2. Regulating physical availability | - Enforcement of legal purchase age.  
- Whether harm minimisation is the primary object of the Liquor Licensing Act.  
- Independent and transparent liquor control agencies overseeing decision making and appeals.  
- Restrictions on opening hours.  
- Restrictions on outlet density.  
- Restrictions on availability of high strength/risk products.  
- Enactment and enforcement of secondary supply laws and their scope (such as irresponsible supply).  
- Opportunities for local community involvement in licensing decisions. |
| 3. Modifying the drinking environment | - Enforcement of liquor laws.  
- Server and manager training.  
- Risk-based licensing. |
| 4. Drink driving countermeasures | - Random breath testing.  
- Lowered BAC limits.  
- License suspension.  
- Mandatory interlock devices for repeat or high risk offenders (for example young people of people with very high BAC readings). |
| 5. Education and persuasion | - Brief interventions with at risk students/workers.  
- Social marketing campaigns.  
- School based education programs. |
| 6. Treatment and early intervention | - Brief interventions with at risk drinkers.  
- Medical and social detoxification programs.  
- Therapeutic interventions.  
- Corrections and justice programs. |
| 7. Data management and research | - Funding for research and evaluation.  
- Collection and use of alcohol sales data.  
- Collection and use of health data.  
- Collection and use of police data. |
| 8. Transparent and independent policy | - Transparent structures and processes for developing and reviewing policy.  
- Restrictions on alcohol industry involvement in policy development.  
- Donations from alcohol industry not accepted by the governing or opposition parties. |
| 9. Restrictions on marketing | - Legal restrictions on content and/or exposure to alcohol advertising for general population, and specifically for young people.  
- Restrictions on where alcohol advertising is permitted (for example public transport, bus stops). |
EXPERT ASSESSMENTS BASED ON LOCAL KNOWLEDGE

For the 2017 Scorecard, assessors with expert knowledge of alcohol policy in each state and territory 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 some cases multiple people worked together to formulate an assessment, but they were counted as a single assessor. There were at least two independent assessors for each jurisdiction.

In addition to the assessors’ input, a final 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. This year, no scores were adjusted. 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.

Assessors’ scores were averaged and transformed to a proportion for the purposes of this report. Criteria 2 and 3 were weighted 50% more heavily than the other criteria to account for their importance.
REFERENCES


