

NATIONAL ALLIANCE FOR
ACTION ON ALCOHOL

Submission to draft National Preventive Health Strategy

Vision

Question 4

Do you agree with the vision of the Strategy?

Strongly agree

The National Alliance for Action on Alcohol (NAAA) commends the Government for taking a lifecourse approach to improving the health of all Australians in the draft National Preventive Health Strategy (NPHS). Government policy should be developed with an understanding of how the determinants of health contribute to a person's state of health and wellbeing.

Aims

Question 5

Do you agree with the aims and their associated targets for the Strategy?

Agree

The NAAA broadly agrees with the aims and associated targets of the NPHS.

We strongly support the target for expenditure on prevention to rise to be 5% of total health expenditure by 2030.

The 5% target would represent roughly a tripling of preventive health investment in our health system. By bringing future health care treatment costs down, the remaining 95% of spending in the health sector could be significantly reduced, balancing and even reducing the overall cost of health care to our society.

The NAAA recommends that an additional target should be included in relation to 'Aim 3: health equity for target populations' that Aboriginal and Torres Strait Islanders will have an additional three years of life lived in good health.

Principles

Question 6

Do you agree with the principles?

Agree

Recommendations: The NPHS should amend the principles to reflect:

- the importance of creating supportive environments, and
- the need for governments to implement policies that remove the external barriers to good health and wellbeing.

The NAAA welcomes the substantial focus on the impact of the determinants of health. The draft NPHS notes that social, environmental, structural, economic, cultural and biomedical determinants significantly contribute to poor health. The NAAA commends the Government for stating that a multi-sectoral approach must be taken to inform policy that improves health and wellbeing outcomes. In taking this approach, it is important to recognise that the health sector in isolation has limited capacity to address the broader causes of poor health and wellbeing. Rather, it is

governments that have the power to improve health and wellbeing by implementing policies that address the external barriers that impact on health.

We believe that everyone should be able to live in a community where they can live, work and raise children safe and free from harm, and want to see the inclusion of an overarching principle that seeks to make environments supportive for people to stay healthy. Under this approach, policy achievements would seek to create supportive environments by reducing adverse environmental factors and increasing protective environmental factors for good health. For example, Australia could reduce harm from alcohol by addressing the density, location and size of alcohol outlets in local communities.

Enablers

Question 7

Do you agree with the enablers?

Agree

Recommendation: Governments should identify target communities and local government in harm reduction strategies.

Monitoring and surveillance must be independent and involve the academic and non-government sectors.

The national prevention monitoring and reporting framework should include timelines, and report regularly on the implementation, outcomes and impacts of the strategy.

Governments should capitalise on existing connections within communities and advocacy bodies to effectively convey health messages to target groups.

Prevention in the health system

The NAAA strongly supports the clear commitment to a new funding model in the draft NPHS.

Leadership governance and funding

A long-term, sustainable funding mechanism is essential to achieving the aims of this Strategy, including that investment in prevention is increased. It should be recognised that investment in the avoidance of illness is an investment in the avoidance of future treatment costs.

Partnerships and community engagement

The NAAA commends the Government for acknowledging the importance of engaging with communities. When it comes to reducing alcohol-fuelled harm, governments should engage targeted communities and local governments in harm reduction strategies. Governments should also capitalise on existing connections within communities and advocacy bodies to effectively convey messages about alcohol consumption to target groups. Co-design is key to success.

Monitoring and surveillance

The NAAA agrees that monitoring is a key component of leadership and governance. We support regular reporting on the implementation, outcomes and impacts of the strategy. Monitoring must be independent and involve the academic and non-government sectors.

Research and evaluation

In relation to alcohol harm, robust data collection is essential in understanding the magnitude of harm caused by alcohol products, as well as the impact of various policies and programs. Australia should build on its existing evidence base with consistent monitoring and evaluation of policies and programs. By using robust, up-to-date data, governments will have good insight into what is and is not working to prevent alcohol-fuelled harm.

Question 8

Do you agree with the policy achievements for the enablers?

Agree

Recommendations:

State that prevention of poor health and wellbeing outcomes must be embedded across all parts of government, and in frontline services such as health, community and social services.

Industries that make products that contribute to poor health, such as the alcohol industry, should not be involved in decision making on government policy.

Leadership governance and funding

The NAAA welcomes the application of a health lens to policy development across government. We go further and suggest that to be truly successful, all governments must be made accountable for improving health and wellbeing outcomes.

Prevention in the health system

When it comes to prevention in service provision, we agree that prevention must be embedded in the health system. We suggest that prevention must also be embedded in service systems such as social and community services. These services are strongly connected with communities, and well-placed to play a part in the prevention of illness.

We suggest that the Strategy could be strengthened by stating that *'Prevention of poor health and wellbeing outcomes must be embedded across all parts of government, and in frontline services such as health, community and social services'*.

Partnerships and community engagement

The NAAA does not support the policy achievement about establishing innovative partnerships between and within sectors that influence health '...to ensure shared decision making and to drive evidence-based change', to the extent that it relates to partnerships with the alcohol industry.

We do support a co-design approach to addressing the determinants of health.

Conflicts of interest

The draft contains specific mention of consistency with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases, regarding commercial influences. The draft includes this protection from conflicts of interest being in place as a policy achievement by 2030.

We strongly support action to ensure preventive health policy is not compromised by commercial influences.

Focus areas

Question 9

Do you agree with the seven focus areas?

Strongly agree

The NAAA commends the Government for including reducing alcohol-fuelled harm as a focus area of the NPHS. The alcohol industry and its products fuel significant harm in our communities. Alcohol products fuel family violence, child abuse and neglect, and harm to young people. These products cause more than 40 medical conditions, including many cancers. Every year, there are more than 4,000 alcohol-related deaths in Australia (1). Australian governments need to act to introduce proven measures that reduce the harms from alcohol products and keep people healthy and well.

Question 10

Do you agree with the targets for the seven focus areas?

Disagree

Recommendations:

The NAAA should include the following 5 targets for reducing alcohol harm within the 'reducing alcohol and other drug harm focus area':

1. 10% reduction in risky alcohol use by Australians (≥ 14 years) by 2025
2. 20% reduction in young people (aged 14-17 years) using alcohol by 2030
3. One year increase in the average age at which young people (14-24 years) first try alcohol by 2030
4. 20% reduction in women who use alcohol while pregnant by 2030
5. 20% reduction of women using alcohol while breastfeeding by 2030

The NPHS and National Alcohol Strategy should be accompanied by an action and implementation plan, which sets out concrete actions to achieve this target.

The NAAA welcomes the commitment to a 10% reduction in harmful alcohol consumption for Australians over 14 years by 2025. We are pleased to see that risky alcohol use has been defined using the 2020 NHMRC Guidelines to Reduce Harm from Alcohol (Guidelines), and recommend that NPHS terminology be consistent with the Guidelines.(2) The NAAA also recommends that the Blueprint for Action include an action and implementation plan which defines concrete actions that governments must take to achieve targets.

Guideline 2-children and alcohol use

We note that whilst alcohol use by young people aged 14-17 decreased by 21.9% between 2010 and 2019, it plateaued in 2019.(3) There was also a one year increase in the average age at which young people (aged 14-24 years) first tried alcohol.(4,5) The policy achievements of the NPHS should aim for at least the same decrease in young people using alcohol, and in the average age of first trying alcohol over the nine year period of the Strategy. These targets will align with the policy achievement of delaying the age of onset of alcohol.

Guideline 3- pregnancy, breastfeeding and alcohol use

The NPHS should address alcohol use during pregnancy, which can lead to Fetal Alcohol Spectrum Disorder (FASD), by setting policy achievements and targets.

Between 2013 and 2019, the proportion of women who used alcohol while pregnant decreased by 12.1% to 29.7%. (6) In line with this trend, the Government should aim for at least the same decrease by 2030. Between 2013 and 2016, the proportion of women who used alcohol while breastfeeding decreased by 7.1% to 41.8% but this then increased back to 48.3% in 2019.(7) The Government should reverse this trend and to aim for a decline similar to the decrease in the proportion of women who use alcohol while pregnant.

The paragraph in the NPHS discussing alcohol use and pregnancy should be updated to match the wording in the Guidelines.

Do you agree with the policy achievements for the focus areas?

The NAAA welcomes the listed policy achievements in the 'Reducing alcohol and other drug harm' section of the NPHS. We support the restriction of alcohol availability and promotion, and the need to promote the Australian guidelines to reduce health risks from drinking alcohol. Some policy achievements are overarching statements and principles, which should be strengthened with detail as to how these achievements will occur, and commitments to concrete actions.

Recommendation: The NPHS should note the importance of regulation to reduce alcohol-fuelled harm – particularly in relation to alcohol availability and marketing.

We note that the policy achievements exclude important achievements and actions that should be part of a comprehensive strategy to reduce harm from alcohol, such as regulatory measures, health warnings and taxation.

Recommendation:

The NPHS should include pricing policies aimed at reducing harmful alcohol use:

- at the Commonwealth level, introduction of a volumetric tax for wine
- introduction of a minimum unit price on alcohol in all states and territories.

The NPHS notes Australia's success in reducing the prevalence of daily tobacco smoking in Australia, which was partly achieved through price reform. If Australia is to meet its target of 10% reduction in alcohol use by 2025, it needs to reform the price of alcohol, one of the most effective measures to reduce alcohol fuelled harm.

Recommendation: Australia needs to implement policies that enable leaders to challenge attitudes to alcohol use. A targeted policy achievement should be to reduce the impact of the commercial determinants of alcohol harm by 2030, specifically industry lobbying, political donations, marketing and sponsorship.

We commend the Government for committing to a future where influential leaders challenge the normalisation of alcohol and other drug use. This vision needs to be backed by policies that will enable cultural change. The NPHS must address the influence that the big alcohol industry has on leaders in parts of society that are reliant on political donations, marketing and sponsorship. If the right policy settings are in place, political and sporting leaders will be better positioned to challenge practices around alcohol use.

The NPHS is being finalised against a background of public discourse about the culture of alcohol use in Australian politics. Politicians make key decisions in an environment where risky alcohol use is

normalised. Lobbyists continue to influence the attitudes of politicians, with key employees moving between government and the alcohol industry. It is crucial that the NPHS includes a targeted policy achievement that seeks to reduce the impact of the commercial determinants of alcohol harm, specifically industry lobbying, political donations, marketing and sponsorship.

Recommendation: A policy achievement that focuses on restricting alcohol availability should include reference to regulation of outlet location, size and density, and online sales and delivery of alcohol.

The NAAA recommends that the Government strengthen this policy achievement by including more detail from page 13 of the NPHS. This refers to the density and location of alcohol outlets as adverse factors. An action and implementation should set out specific actions and timeframes and allocate responsibility for implementation to state, territory and local governments.

Recommendation: The NPHS should include a separate policy achievement that is aimed at restricting alcohol marketing, particularly young people's exposure to marketing.

The NAAA commends the Government for including a policy achievement aimed at restricting marketing, particularly to young people. The NPHS should include specific actions that governments must take, including introducing legislation to restrict the volume, content and placement of all forms of alcohol advertising across all media and platforms.

Recommendation: The NPHS should set out a stand-alone policy achievement promoting the NHMRC Australian guidelines to reduce health risks from drinking alcohol, using evidence-based, credible mass media campaigns. This should include a commitment to long-term sustained funding for public education on the guidelines.

The NAAA supports the recognition in the NPHS that campaigns should be evidence-based and credible. The NPHS should set out promotion of the Australian guidelines to reduce health risks from drinking alcohol as a separate policy achievement, rather than combining this with restricting promotion of alcohol and restricting availability of alcohol.

Recommendation : The NPHS should include a broader list of social indicators, as specified in the National Alcohol Strategy.

The commends the Government for acknowledging that specific groups experience higher levels of drinking. However, this list of social indicators is too narrow, and focussed on geographic location. The list should be expanded to reflect a broader range of social indicators and external factors, which are listed in the National Alcohol Strategy.(8)

Recommendation: The policy achievement relating to workforce needs to include a broader range of sectors, such as social and community services, and law enforcement.

This policy achievement focuses on the health workforce as responders to drug and alcohol addiction. This approach is too narrow. The effects of alcohol are far-reaching, which means that frontline workers in sectors such as social and community services, and law enforcement need to be equipped to identify, support and refer people to the most appropriate services.

(1) Australian Guidelines to Reduce Health Risks from Drinking Alcohol. National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra

(2) ibid 1

(3) Australian Institute of Health and Welfare. Measuring risky drinking according to the Australian alcohol guidelines: AIHW; 2021 [updated 2021 Mar 25; cited 2021 April 19]. Available from: <https://www.aihw.gov.au/reports/alcohol/measuring-risky-drinking-aus-alcohol-guidelines/contents/measuring-risky-drinking>.

(4) Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia: AIHW; 2020 [updated 2020 Dec 15; cited 2021 April 19]. Available from: <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/younger-people>.

(5,6,7) Ibid 3

(8) Commonwealth of Australia Department of Health 2019. *National Alcohol Strategy 2019-2028*, pp.8-11.

Feedback

Question 13

Please provide any additional comments you have on the draft Strategy.

Recommendation: The NPHS needs to be backed up a more detailed blueprint for action, with sources of funding allocated and timelines for implementation.

The NAAA welcomes the commitment in the draft strategy to develop a blueprint for action to provide the detail of implementation. A detailed action plan is essential to identify specific measures and timelines that can be linked to each focus area. This must be subject to stakeholder consultation.

The NPHS will only be effective if there are clear commitments to and a clear plan for implementation, and sources of funding are allocated. We note that a 'Blueprint for Action' will be developed, outlining implementation details and targets outlined within this Strategy. We strongly support the need for such a blueprint to set out a concrete plan for action to achieve the policy achievements and targets in the NPHS, and to implement the policy options in the National Alcohol Strategy. This should set out:

- specific actions that will be taken,
- who has responsibility for these actions,
- stages of implementation and timeframes,
- measurable indicators of success for these policy achievements.

The Government is well-positioned to set out specific measures and an expanded range of data sources that could be used to measure and track progress against targets. Table eight lists one data source, the National Drug Strategy Household Survey, to measure Australia's progress against its target to reduce harmful consumption by 10% by 2025.

Additional data sources, as defined by the National Alcohol Strategy (1), should include:

- The Australian Secondary School Alcohol and Drug survey (ASSAD),
- National Aboriginal and Torres Strait Islander Social Survey (NATSISS),

- National Alcohol Indicators Project (NAIP) and
- Australian Bureau of Statistics (ABS).

To increase the accuracy of reporting on alcohol use, the NPHS could refer to data sources that do not rely on self-reporting. For example, alcohol use in the population can be measured through more timely and precise data sources, such as wastewater data and alcohol sales.

(1) *Commonwealth of Australia Department of Health 2019. National Alcohol Strategy 2019-2028.*