

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



Consultation on the National Alcohol Strategy 2018-2026

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to respond to this consultation and demonstrate our support for the development of a much-needed National Alcohol Strategy.

About the Australian Chronic Disease Prevention Alliance (ACDPA)

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the primary prevention of chronic disease, with emphasis on changes to the food and physical environments to improve nutrition, increase physical activity and decrease sedentary behaviour, and reduce unhealthy weight at a population level.

The burden of alcohol

The draft National Alcohol Strategy highlights the impact of alcohol in Australia, with one in four Australians drinking at risky levels and 17% putting themselves at risk of disease or injury over a lifetime due to alcohol consumption.¹

Alcohol use is a major cause of harm in Australia and can increase risk of many chronic diseases, including stroke, coronary heart disease² and cancers of the breast, mouth, pharynx, larynx, oesophagus, liver, bowel³ and stomach.⁴ The International Agency for Research on Cancer has classified alcohol as a Group 1 carcinogen (a known cause of cancer in humans),⁵ and there is no safe limit of alcohol consumption in relation to cancer risk.

Alcohol use was responsible for 5.1% of total disease burden in 2011, including burden due to alcohol use disorders, road traffic incidents, chronic liver disease, suicide and self-inflicted injuries, poisoning, falls, stroke, coronary heart disease, and cancers.⁶ This was the third greatest burden after tobacco use (9.0%) and high body mass index (7.0%).

As outlined on the Australian Government's Eat for Health website: 'Alcohol, is high in kilojoules, is nutrient poor and can lead to weight gain. Alcohol can be harmful to your health, the more alcohol you drink, the greater the risk. Even small amounts of alcohol are associated with increased risk of some cancers. Too much alcohol may also damage the liver and brain, and increase the risk of high blood pressure and heart disease. No level of drinking alcohol can be guaranteed as completely safe.'⁷

Support for a National Alcohol Strategy

A recent Foundation for Alcohol Research and Education (FARE) report highlighted that progress in alcohol policy over the last 40 years has been limited, aside from in drink-driving.⁸ A National Alcohol Strategy is much needed to prevent and minimise alcohol-related harms, and ACDPA supports the collaborative approach taken and the use of evidence to inform priorities and opportunities for action.

Reducing alcohol-related harms is consistent with ACDPA's intent to decrease the impact of chronic disease by addressing alcohol and other risk factors. A comprehensive approach is required to address the harmful use of alcohol, combined with multisectoral commitment and responsibility designated across tiers of government. ACDPA particularly supports the inclusion of alcohol taxation and pricing reform, regulation of alcohol advertising, improved liquor licensing, funded public education campaigns and mandatory labelling to increase awareness of alcohol-related health impacts.

There is a need to further strengthen the draft Strategy through the inclusion of clear recommendations for action, targets and responsibilities, implementation detail and timeframes, accountability mechanisms, and planned monitoring and reporting against indicators.

ACDPA is supportive of the FARE and National Alliance for Action on Alcohol (NAAA) submission, including the three main priorities to: model the National Alcohol Strategy on successful existing national frameworks, adopt strong accountability measures to monitor progress, and prioritise and commit to specific evidence-based activities in the first three-years of the Strategy.

Specific points on the National Alcohol Strategy

Consistent with ACDPA's purpose to reduce chronic disease, this response focuses on priorities 2 and 4, to manage alcohol availability, price and promotion, and to promote healthier communities. ACDPA supports the identification of a suite of evidence-based opportunities for action, and applauds the inclusion of many cost-effective interventions from the World Health Organization's "Best Buys."⁹

Priority 2 – Managing availability, price and promotion

In recognition of the importance of preventing alcohol-related harm and the potential impact of preventive initiatives, ACDPA supports elevating 'Priority 2 – Managing availability, price and promotion' to Priority 1.

Objective 1 – Strengthen controls on access and availability

There is evidence that changes in liquor outlet density, particularly packaged liquor outlet density, are associated with changes in the incidence of long-term health problems.¹⁰ ACDPA supports more effective regulation of the availability of alcohol in Australia, through improved licensing procedures that consider liquor outlet density, trading hours, and related risks and harms.

Objective 2 – Pricing and taxation reforms to reduce risky alcohol consumption

Increasing alcohol taxation

The World Health Organization recommends increasing taxation on alcoholic beverages as one of the most cost-effective and feasible interventions to address harmful alcohol use.¹¹ Increased alcohol taxation was also identified as one of the most cost-effective preventive interventions in an Australian analysis, with large population health impacts.¹²

The development of alcohol taxation policy should acknowledge that alcohol is responsible for major harms in our community, including the contribution of long-term alcohol use to a number of chronic diseases. Increased volumetric taxation (based on alcohol content) of all alcoholic products, including wine, could better reflect the burden of illness and injury imposed by alcohol and encourage more responsible consumption. Young people and heavy drinkers are particularly responsive to changes in alcohol prices.^{13,14}

ACDPA strongly supports increased volumetric taxation of all alcoholic beverages, as recommended by the Australian Henry Tax Review,¹⁵ to reduce consumption, minimise alcohol-related harms and generate revenue to support public health initiatives. An Australian analysis estimated that introducing a volumetric tax at the existing rate for spirits would reduce alcohol consumption by 24% and increase taxation revenue by more than \$3 billion.¹⁶ Around 45% of Australians support increasing alcohol taxation to pay for health, education, and the cost of treating alcohol related programs.¹⁷ ACDPA supports the allocation of revenue from increased volumetric taxation for preventive health initiatives.

Increased volumetric alcohol taxation is a cost-effective and feasible intervention and ACDPA recommends that it be prioritised for implementation in the first three years of the Strategy.

Introducing a minimum price

Alcohol discounting can also affect pricing and encourage increased consumption. Setting a minimum price for alcohol is a recommended intervention in the World Health Organization's "Best Buys" and it is likely to have a substantial impact on overall consumption levels and on drinkers at most risk of harm.¹⁸

Collecting national data on alcohol sales

ACDPA supports the recommendation by FARE and NAAA to prioritise the consistent national collection of wholesales and producer alcohol sales data, including by New South Wales and South Australia, to enable a more accurate picture of national alcohol sales. Consistent collection of sales data detailing alcohol type, volume, cost, and purchasers' retail licence number would provide more accurate information on consumption levels and patterns, and the impacts of pricing policies. While the Apparent Consumption of Alcohol data provides a national estimate of alcohol consumption, the collection and reporting of alcohol sales data is recommended by the World Health Organization as the data gold standard on per capita alcohol consumption.¹⁹

Objective 3 – Minimise promotion of risky drinking behaviours and other inappropriate marketing

Introducing regulatory approaches to alcohol advertising

The National Alcohol Strategy acknowledges that current voluntary and self-regulatory approaches to limit children and young people's exposure to alcohol advertising have been ineffective. ACDPA notes the poor track record of the alcohol industry in self-regulation, with a 2017 systematic review concluding that: 'violations of the content guidelines within self-regulated alcohol marketing codes are highly prevalent in certain media.'²⁰

Comprehensive restrictions on exposure to alcohol advertising across multiple types of media are identified as feasible and a 'best buy' by the World Health Organization, based on evidence of their cost-effectiveness.²¹ ACDPA supports a "single national advertising code" as identified in the National Alcohol Strategy, however there is a need for the code to be clear and follow a framework that 1) covers all forms of alcohol marketing, 2) establishes clear public policy goals, 3) creates an independent regulatory body for administering the system and 4) introduces meaningful sanctions for non-compliance.

A review of alcohol advertising regulation across all forms of media (including television, online and outdoor media) should be prioritised within the first three years of the Strategy, with options for transitioning towards an independently-regulated single national advertising code in order to protect children and young people from alcohol advertising.

Regulating sports advertising and sponsorship

As the Strategy highlights, there is a strong association between exposure to alcohol advertising and alcohol consumption amongst young people. Sporting events and programs, in particular, feature an abundance of alcohol advertisements. When watching sport on television, Australian children and adolescents are exposed to a high volume of alcohol advertising. For example, in 2012, there were 3544 alcohol advertisements across AFL, cricket and NRL programs, with an audience of 26.9 million children and adolescents and 32 million young adults.²² In the first instance, ACDPA supports removing the exemption in the Commercial Television Industry Code of Practice that permits alcohol advertising during live sporting broadcasts and sports programs on weekends (from 6pm Fridays) and public holidays.

ACDPA also recommends incorporating restrictions on alcohol sports sponsorship into the Strategy and consideration of options to encourage sporting organisations to establish relationships and transition to other sponsors.²³

Limiting alcohol discounting and bulk purchase promotions

Alcohol price discounting and bulk purchase promotions create strong incentives for people to buy and consume hazardous quantities of alcohol.^{24,25} ACDPA supports the inclusion of regulatory measures to prevent promotion of discounted/low priced alcohol in the Strategy.

Priority 4 – Promoting healthier communities

Objective 1- Improve awareness and understanding of alcohol harms

As identified in the National Alcohol Strategy, 17% of Australians consume alcohol at a level that contributes to lifetime risk of alcohol-related disease or injury.

Investing in public awareness campaigns

There is little public communication to counter the heavy investment by the Australian alcohol industry in advertisements that make alcohol products appear highly attractive and risk-free.²⁶ The extent of alcohol promotion is a likely contributor to low levels of consumer awareness of the potential harms associated with alcohol consumption.²⁷ In the 2016 National Drug Strategy Household Survey, almost one in three men and one in ten women thought it was safe to consume three or more alcoholic drinks without lifetime risk of alcohol-related harm.²⁸ This lack of awareness of safe drinking levels, particularly amongst males, suggests that the Australian public would benefit from public health campaigns highlighting the risks and harms associated with alcohol consumption.

Well-resourced public health campaigns have the potential to increase public awareness.²⁹ ACDPA supports prioritisation of a funded national public health campaign in the first three years of the Strategy, to highlight the risks and harms associated with alcohol consumption, including longer-term health impacts.

Increasing awareness of the NHMRC Guidelines

ACDPA also supports funding to increase awareness of the NHMRC Guidelines and recommended limits for alcohol consumption, noting that the Guidelines are currently being revised. There is also potential for General Practitioners (GPs) to play a significant role in educating patients on the NHMRC Guidelines and the risks associated with short- and long-term alcohol consumption. Studies show that GP advice can reduce harmful alcohol consumption, particularly amongst men.^{30,31} The primary care sector in Australia receives limited support for implementing preventive healthcare interventions and could be included as an opportunity for action.

Objective 2 – Improve communication to target groups

More informative and persuasive product labelling is a recommended intervention in the World Health Organization's "Best Buys" and could serve as an important counter-measure to the alcohol industry's ubiquitous and potentially misleading messaging.³²

ACDPA supports the implementation of readable, impactful health-related warning labels on alcoholic beverages, including labels warning of the link between alcohol and disease, such as cancer and stroke. Health information and warning labels on alcohol products have the potential to increase public awareness of alcohol harms, notably by targeting people at point-of-sale and during consumption. Alcohol labelling could be based on the approach taken to tobacco under the consumer protection provisions of the Trade Practices Act 1975 (Cth). A compulsory rotating series of health warning labels would inform consumers of the serious health impacts of alcohol consumption. International evidence shows that a rotating series of health warning labels would have greater continuing effect than a single stable warning label.^{33,34}

Current alcohol labelling requirements are less stringent than those applied to foods and fail to recognise alcohol as a high-risk product. However, the principle of providing health information on alcohol products is popular with the public. Data from the 2016 National Drug Strategy Household Survey indicate broad public support for health information on alcohol containers, with 65% supporting required information on national drinking guidelines on alcohol containers and 60% supporting larger standard drink labels.³⁵

This is consistent with the 2017 FARE poll, which found that around half of those polled were concerned about the health problems related to alcohol.³⁶ More than one-third of people polled reported drinking less or giving up alcohol in the past year, with the primary reason being to improve their health.

Given the limitations with voluntary and self-regulatory approaches taken by the alcohol industry, ACDPA is supportive of a mandatory approach to labelling, to assist in educating the public on the health impacts of alcohol consumption.

Energy labelling of alcoholic beverages

We note the current work considering energy labelling on alcoholic containers. With almost two in three Australian adults overweight or obese, and dietary risks accounting for 7% of disease burden, the Australian and New Zealand food regulation system has acknowledged the contribution of alcohol to energy intake. For Australian adults 19 years and over, on average, just over one-third (34.6%) of total daily energy was reported to come from 'discretionary foods' and alcoholic beverages were the food group contributing most.³⁷

In considering energy labelling of alcoholic beverages, a number of key pieces of work have been conducted, including a Cost Benefit Analysis, and a targeted consultation in June 2017. As a health promotion and prevention measure, ACDPA strongly recommends mandatory energy labelling of alcoholic beverages to enable consumers to more accurately understand and compare the energy content of alcohol.³⁸

Pregnancy health warnings on alcoholic beverages

In response to the 2011 Labelling Logic: Review of Food Labelling Law and Policy Report, the Legislative and Government Forum on Food Regulation (the Forum) provided the alcohol industry with a two-year period to voluntarily place pregnancy warnings on labels of alcohol products before regulating such a change.

The first evaluation of voluntary action found that industry uptake of the pregnancy health warnings on alcohol products has increased over time. However, there continue to be some product categories where adoption of the pregnancy health warning labels is low.³⁹ The Food Regulation Standing Committee is currently developing policy options for a wider public consultation in early 2018. Given the harm associated with alcohol consumption during pregnancy, including birth defects and behavioural and neurodevelopmental abnormalities, ACDPA strongly supports mandatory pregnancy health warnings on alcohol products as a health promotion and prevention measure.

Final comments

ACDPA recognises that the draft National Alcohol Strategy aims for a 10% reduction in harmful alcohol consumption by 2026, but this could be more ambitious. As outlined in the Strategy, alcohol is a leading contributor to burden of disease in Australia and there is

substantial evidence for the long-term effects of harmful use of alcohol, including increased risk of stroke, coronary heart disease⁴⁰ and eight cancers.^{41,42} A 10% reduction in alcohol consumption is not ambitious enough, given the weight of this evidence. ACDPA supports extending the target to a national 20% reduction in the harmful use of alcohol, as suggested in the Australian Health Policy Collaboration report *Getting Australia's Health on Track 2016*.⁴³ Although the 10% goal aligns with the World Health Organization's 2025 target, national data indicate that a 20% goal is justifiable and achievable in the Australian context. While there have been recent improvements in young people's reduced consumption of alcohol, there is no evidence of decline for older Australians.⁴⁴ The National Alcohol Strategy represents an opportunity to continue efforts to reduce alcohol consumption amongst younger age groups, as well as highlighting the need for initiatives to target harmful use of alcohol amongst older Australians.

ACDPA commends the decision to establish the new Reference Group independent of alcohol industry representation, highlighting that there is no role for industry in the development of national alcohol policy. Indirect influences on policy from the alcohol industry should also be given consideration, such as the provision of political donations, the direct lobbying of parliamentarians, and participation in parliamentary inquiries as highlighted in the NAAA and FARE submission.

The inclusion of clear recommendations for action, timeframes, responsibilities, indicators, and planned monitoring and reporting, would further strengthen the draft Strategy and increase collaboration, uptake and accountability across various levels of government. The development of a reporting framework by the Reference Group, as outlined in the Strategy, would ideally incorporate these points.

Consistent with the FARE and NAAA submission, ACDPA supports the priorities to: model the National Alcohol Strategy on successful existing national frameworks, adopt strong accountability measures to monitor progress, and prioritise and commit to specific evidence-based activities in the first three-years of the Strategy.

ACDPA commends the Government on developing the draft National Alcohol Strategy and recognises alignment with the World Health Organization's evidence-based 'best buys' and other recommended interventions to reduce harmful alcohol use. The suite of policies outlined in the Strategy represent a broad evidence-based approach to preventing and minimising alcohol-related harm, in order to improve the health and well-being of Australians.

¹ AIHW 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. No. PHE 214. Canberra: AIHW.

² AIHW 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.

³ IARC 2012. IARC monographs on the evaluation of carcinogenic risks to humans: Volume 100E, Personal habits and indoor combustions. Lyon: IARC.

⁴ WCRF 2017. Summary of global evidence on cancer prevention. London: WCRF.

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