

The Ministerial Drug and Alcohol Forum
The Department of Health
nationaldrugstrategy@health.gov.au

9 February 2018

Re: Northern Sydney Local Health District Health Promotion submission regarding the National Alcohol Strategy 2018-2026 Consultation Draft

Thank you for providing the opportunity to comment on the National Alcohol Strategy 2018-2026 Consultation Draft.

Background and context

Northern Sydney Local Health District (NSLHD) Health Promotion has an active interest in measures to prevent or reduce alcohol-related harms such as malicious damage, interpersonal violence, accidental injury and long-term health impacts. We also have a history of working to reduce the potential of liquor outlets to be a source of alcohol for minors, either by direct purchase attempts or secondary supply avenues, through high-profile projects such as the “Stop the Supply” campaign.

In this context, we commend many aspects of the Strategy, which is built on the overarching principle of harm minimisation outlined in the National Drug Strategy 2017-2026, including supply reduction, demand reduction and harm reduction.

General comments

In particular, we commend the Plan’s overall target of a 10% reduction in harmful alcohol consumption by 2025. Setting a measurable target ensures accountability and provides a clear direction for Federal, State and Local Governments, as well as the non-government sector in their approach to addressing alcohol harms.

The Strategy strikes an appropriate balance between whole of population prevention approaches and targeted responses, recognising the disproportionate risks and harms experienced across different populations, communities and the lifespan.

Alcohol policy must be free from undue influence from those most likely to profit from its harmful consumption. The Strategy explicitly states that “Australia does not support any ongoing role for industry in setting or developing national alcohol policy” and the alcohol industry and associated industries will not be eligible for membership of the proposed Alcohol Reference Group. This is a particularly positive step forward and will ensure health and wellbeing is prioritised over industry profits.

The support for policy and legislation regarding the availability, price, and promotion of alcohol will have broad population level health and safety benefits. Specifically, the mention of regulatory measures such as serving restrictions after a set time, the type of drinks which can be purchased and specified cessation times for alcohol sales is particularly positive. These measures have proven effective in NSW through the 2008 Newcastle Conditions (which are currently under review by the NSW Government) resulting in a 37% reduction in night-time alcohol-related assaults¹. These positive effects were sustained five years on, with alcohol-related assaults down by an average of 21% per-hour in 2013². The Newcastle conditions are now internationally recognised and

¹ Kypri, K., Jones, C., McElduff, P. & Barker, D.J., *Effects of restricting pub closing times on night-time assaults in an Australian city*. *Addiction* 106 (2): 303-310, 2017

² Kypri, K., McElduff, P. & Miller, P., *Restrictions in pub closing times and lockouts in Newcastle, Australia five years on*. *Drug and Alcohol Review* 33 (3): 323-326, 2014.

have paved the way for evidence-based policy in other jurisdictions including Sydney's Kings Cross, achieving similar marked reductions in alcohol-related violence.

It is also encouraging to see a focus on the relationship between access to alcohol and family violence in the Strategy. The influence of alcohol has often been omitted in domestic violence discussions, but the evidence (as referenced in the Strategy) linking alcohol misuse and the frequency and severity of incidents can't be ignored. Indeed, the NSW Coroner's Office, Domestic Violence Deaths Review Team's Report for 2015-2017 recently proposed a specific recommendation in relation to alcohol access which states:

'For any applications pertaining to an extension of trading hours, or the development of new liquor outlets or bottle-shops in domestic violence hot spots, there should be a rebuttable presumption against granting the application'.³

Specific comments and recommendations

General Recommendation

Whilst each Priority Area includes a goal, objectives and "Opportunities for action", these suggested approaches are non-binding. To improve accountability and compel agencies from all sectors to work towards the common goal it is recommended that the Strategy commits to actions with key responsibilities and expected outcomes/outputs to measure progress and achievements.

Recommendation:

1. *Replace Opportunities for Actions with Actions, Key Responsibilities and Outcomes/Outputs*

Priority 1: Improving Community Safety and Amenity

Accessible public transport is identified as an opportunity for action under Priority 1. Studies indicate that more frequent and fare-free public transport is likely to increase usage^{4,5}. Public transport is essential in maintaining amenity and improving safety in the community, particularly in late-night precincts, as it promotes disbursement and reduces the potential for drinking and driving. To promote public transport as a viable option for patrons attending these precincts it is strongly recommended that frequent and free-of-charge services are advocated for during late-night periods.

The relationship between intimate partner violence and alcohol is a key focus in the summary for Priority 1. This aligns with NSW's "Premier's Priority" to reduce domestic violence reoffending which presents a unique opportunity for outcomes to be a joint partnership responsibility of relevant agencies. To ensure the focus translates into practice it is recommended that intimate partner violence is explicitly mentioned in the Actions. Specifically, we suggest including initiatives, programs and campaigns that assist the community with identifying and responding to family and intimate partner violence.

Local communities are often best placed to identify community safety and amenity issues likely to impact on them. However, from our own experience working with communities and our knowledge of the NSW licensing system, community notification requirements for liquor licence applications are largely inadequate. Mechanisms available to the community to raise any locally specific safety and amenity considerations in the approval process are complex and restrictive. As recommended by the NSW ACT Alcohol Policy Alliance in their

³ NSW Domestic Violence Death Review Team, *NSW Domestic Violence Death Review Team Report 2015-2017*, Sydney, 2017, http://www.coroners.justice.nsw.gov.au/Documents/2015-2017_DVDRT_Report_October2017.pdf [accessed 31 January 2018].

⁴ Cats, O., Susilo, Y.O. and Reimal, T., *The prospects of fare-free public transport: evidence from Tallinn*, Transportation 44, Issue 5, pp 1083-1104, 2017.

⁵ Transport Canberra, *Keeping Canberra Moving: What you have told us*, 2016, https://www.transport.act.gov.au/data/assets/pdf_file/0010/906913/Keep-Canberra-Moving-What-you-have-told-us.pdf [accessed 9 February 2018]

submission responding to the NSW Community Impact Statement Review⁶, we support the establishment of independent Community Defender's Offices across the country to support communities in licensing matters.

Recommendations:

2. Amend the Opportunity for action to *"Accessible, frequent and free public transport"*
3. Include an Action to *"Align alcohol harm prevention and domestic violence policy objectives so that outcomes become a joint partnership responsibility of relevant agencies"*
4. Include an Action to *"Support initiatives, programs and campaigns that assist the community with identifying and responding to domestic violence situations"*
5. Include an Action to *"Review current community notification requirements and improve opportunities for community involvement in licensing decisions"*
6. Include an Action to *"Establish independent Community Defenders Offices across the country to support communities in licensing matters"*

Priority 2: Managing Availability, Price and Promotion

The relevant indicators of change for Priority 2 focus solely on alcohol consumption (ie. Lifetime risk, single occasion risk, very high alcohol consumption, school children, age first tried alcohol and total alcohol consumption per capita). Whilst these are appropriate indicators, we recommend also including Emergency Department (ED) presentations, alcohol-attributable hospitalisations and alcohol-related offence data as relevant indicators of change. Licensing processes that consider outlet density, trading hours, social disadvantage and proximity to vulnerable facilities and populations are likely to impact on these additional indicators.

The summary provided in Priority 2 identifies the "minimising (of) alcohol-related harm and promoting health and wellbeing" as an overarching aim when balancing conflicting interests of stakeholders regarding alcohol legislation and regulation. It stands to reason then, that Health should be allocated positions on Boards and Committees responsible for the regulation of alcohol. Currently, this is not consistently being applied across the country. For example, The NSW Independent Liquor and Gaming Authority (ILGA) Board Position Description stipulates that Board members must hold qualifications and experience in law, finance, administration, public policy or planning⁷. Health qualifications are a significant omission from the selection criteria and thus the composition of the ILGA Board.

The Strategy makes several references to the strong relationship between alcohol advertising and the sponsorship of sport, as well as the current loophole allowing alcohol advertising during live sporting events broadcast during children's viewing times. However, the relevant Opportunity for Action is too broad and should be made more explicit.

Alcohol advertising legislation should model the Tobacco Advertising Prohibition Act 1992 which imposes comprehensive restrictions on the broadcasting and publishing of tobacco advertisements.

In some States and Territories, alcohol advertising is currently permitted on state owned property including buses, trains, bus shelters and train stations (transit advertising); sports stadiums and various government buildings. This oversaturation of alcohol advertising in public areas normalises the problematic drinking culture that exists in these States and Territories and generates an unacceptable level of alcohol-related harm among young people. We therefore strongly recommend that alcohol advertising be banned from all Government-owned property.

⁶ Foundation for Alcohol Research and Education, *Submission to the Liquor & Gaming NSW evaluation of the Community Impact Statement requirement for liquor applications*, <http://fare.org.au/archives/84092> [accessed 8 February 2018].

⁷ Liquor and Gaming NSW, News and Media, <http://www.liquorandgaming.nsw.gov.au/Documents/ilga/news/ilga-board-position-description.pdf> [accessed 1 February 2018].

There is currently no available evidence or information about the processes or parameters in place to ensure that alcohol is not sold to minors when purchasing from online alcohol retailers. Online alcohol sales remain largely unregulated and present significant risk in relation to the underage supply of alcohol. We recommend a comprehensive review of online alcohol sales processes and the adoption of regulations to safeguard against the purchase of alcohol by minors.

Decisions made by regulatory bodies need to be more transparent and based on an objective list of decision-making criteria, clearly outlining local conditions/circumstances where it would be inappropriate for a licence to be approved. These criteria should be based on outlet density, alcohol-related hospitalisations and offences, as well as social data. We recommend regulators commit to agreed criteria whereby a geographical mapping tool is developed and published, to be utilised by applicants and the community alike, to objectively indicate locations that are (or are not) appropriate for liquor outlets. Locations identified as appropriate for alcohol outlets would have a rebuttable presumption for granting licence and conversely, areas deemed inappropriate based on the criteria would have a rebuttable presumption against granting the licence. Such a tool with universal criteria would streamline the application process for both licensees and community objectors.

Recommendations:

7. Add Emergency Department (ED) presentations, alcohol-attributable hospitalisations and alcohol-related offence data as Relevant indicators of change to Priority 2
8. Include an Action to *“Ensure Health representatives are allocated positions on Boards and Committees responsible for liquor regulatory functions and decisions”*
9. Amend the Action to *“Implement regulatory measures that align with the Tobacco Advertising Prohibition Act 1992 to prevent alcohol advertising exposure to young people”*
10. Include an Action to *“Implement regulatory measures preventing the advertising of alcohol on all Government-owned property”*
11. Include an Action to *“Review the purchase of alcohol online and implement measures to prevent the purchase of alcohol by minors”*
12. Include an Action to *“Improve transparency of liquor licensing decisions through the development of agreed criteria, identifying locations as either appropriate or inappropriate for alcohol outlets”*

Priority 3: Supporting Individuals to Obtain Help and Systems to Respond

With the increasing use of electronic devices to access information, an opportunity exists to expand the use of digital technologies to improve knowledge of and access to health professionals for those seeking support as a result of their alcohol use. This is particularly relevant for young people who may be less inclined to seek support through traditional methods.

It is essential that a consistent approach is maintained and promoted across the entire health sector (both public and private) regarding alcohol in pregnancy. The Australian Department of Health recommends that not drinking alcohol is the safest option during pregnancy or when planning pregnancy⁸. This recommendation is likely to be more broadly accepted if it is consistently reinforced by health professionals.

Recommendations:

13. Include an Action to *“Expand the use of digital technologies to improve knowledge and access to health professionals”*
14. Include an Action to *“Ensure consistency among health professionals when discussing alcohol and pregnancy with patients”*

⁸ Department of Health, *Information for women about pregnancy and alcohol*, <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk-cons-leaflet> [accessed 1 February 2018].

Priority 4: Promoting Healthier Communities

According to the detailed findings from the National Drug Strategy Household Survey 2016, women aged in their 50s are now more likely to drink at risky levels than those aged 18-24 years (who previously had the highest levels)⁹. Alcohol consumption among older adults above the low-risk guidelines places them at increased risk of falls, as well as illness and death from heart disease, strokes and many cancers¹⁰. We recommend including women aged over 50 years as a priority population and specific actions to address the risky drinking levels among this age group.

As mentioned previously, alcohol can be a contributing factor to family and intimate partner violence. NSLHD Health Promotion supports initiatives, programs and campaigns that promote a zero tolerance culture towards family and intimate partner violence and specifically those that address alcohol-related domestic violence harms.

Recommendations:

15. Include women aged over 50 years as a priority at-risk population
16. Include an Action to *“Implement initiatives, programs and campaigns that promote a zero tolerance culture towards family and intimate partner violence and address alcohol-related domestic violence harms”*

If you have any questions about this submission, please do not hesitate to contact Jonathon Noyes, NSLHD Health Promotion (Lower North Shore) at 02 9462 9568 or jonathon.noyes@health.nsw.gov.au.

Kind regards,

Paul Klarenaar
Director
NSLHD Health Promotion

⁹ Australian Institute of Health and Welfare, *National Drug Strategy Household Survey 2016: detailed findings*. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra, 2017, <https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true> [Accessed 1 February 2018]

¹⁰ Department of Veteran Affairs, *Alcohol and Older People*, <https://www.therightmix.gov.au/factsheets/alcohol-and-older-people> [accessed 9 February 2018]