

6 February 2018

Consultation Draft
National Alcohol Strategy
2018-2026

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To Whom It May Concern

VicHealth submission to the *Consultation Draft National Alcohol Strategy 2018-2026*

VicHealth welcomes the opportunity to comment on the *Consultation Draft National Alcohol Strategy 2018-2026* (Draft Strategy).

VicHealth has a long history of working to prevent harm from alcohol. This began with our sponsorship of sports and arts events with alcohol harm reduction messages, funding alcohol prevention programs such as Good Sports, and commissioning and undertaking world-leading research and evaluation. Today, we are focused on alcohol culture change through de-normalising risky drinking in high-risk groups, settings and subcultures, and increasing public, government and industry support for effective alcohol control policies and practices.

VicHealth commends the Ministerial Drug and Alcohol Forum (the Forum) on the development of the Draft Strategy. We expressly congratulate the Forum for the commitment in the Draft Strategy to exclude industry organisations from any ongoing role in setting or developing alcohol policy. The need to exclude industry from the development of health policy was clearly articulated by Dr Margaret Chan, the previous Director General of the World Health Organization, in a [2013 letter to the British Medical Journal](#) which stated: *'In the view of the WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests'*.

VicHealth supports the priority areas and their respective goals, objectives and opportunities for action that are outlined in the Draft Strategy. They are comprehensive and largely supported by evidence and/or informed by practice. VicHealth believes that if the Strategy was implemented in full it would significantly reduce alcohol-related harm in Australia.

Although VicHealth supports all priority areas detailed in the Draft Strategy, we believe Priority 2 should be implemented without delay, particularly:

1. Alcohol pricing and taxation reform (Priority 2, Objective 2) including the introduction of a minimum floor price for alcohol and the introduction of a uniform volumetric tax rate for alcoholic beverages calibrated to reflect the health impacts of alcohol consumption.
2. Alcohol advertising reform (Priority 2, Objective 1) including amending the alcohol advertising framework to ban all television advertising in sports broadcasted during children's viewing hours, and the strengthening of regulatory measures to reduce alcohol advertising exposure to young people in sport and online.

3. Alcohol availability reform (Priority 2, Objective 3) including:
 - a. restricting hours of operation of licensed premises to operating no later than 10.00pm for packaged liquor outlets and 2.00am for on-premises liquor outlets; and
 - b. better managing the density of liquor licenses within communities by requiring all liquor licence applications to be considered in the context of the number, density, mix, locations, trading hours, capacity or retail floor space, patron or customer numbers, and alcohol sales of existing licensed premises in the area for which the application is being made. In essence, a new liquor licence application should not be approved if an area is already saturated with packaged liquor outlets and/or on-premises licenses.

These three reforms have a strong evidence base to indicate they will have the greatest impact in reducing alcohol-harm at a population level.

In addition to these reforms, the Strategy should be supported by a robust monitoring and evaluation framework. While the indicators for change suggested in the Draft Strategy are a good foundation for developing the framework, additional indicators to monitor changes in drinking patterns, and risky drinking-related behaviours, perceptions and attitudes should be included in the framework. The framework should report all indicators across all population groups and jurisdictions as there are sociodemographic differences in drinking patterns, behaviours and harms. Additionally, progress measures for the implementation of actions should be included in the final Strategy.

Many of the reforms outlined in the Draft Strategy will incur implementation and ongoing costs. A long-term funding commitment will be required to ensure the opportunities for action outlined in the Draft Strategy can be fully implemented across jurisdictions.

VicHealth looks forward to release of the final National Alcohol Strategy and is committed to continuing its work in preventing alcohol-related harm.

If you would like to follow up on any of the information in the submission, please contact Maya Ravis, Principal Program Officer, Alcohol and Tobacco at mravis@vichealth.vic.gov.au or 03 9667 1339.

Yours sincerely

A handwritten signature in dark ink, consisting of a large, stylized loop followed by a series of connected, wavy lines that trail off to the right.

Jerril Rechter
Chief Executive Officer