

Alcohol

Strategy 2019–2023

Our 10-year goal

Most people agree that, overall, Victorians drink too much alcohol (FARE 2019). This causes a range of preventable diseases, including cancer, stroke and liver cirrhosis, along with the injury and violence experienced by communities across the state (Gao et al. 2014; Turning Point 2019). Every year in Victoria, alcohol products cause more than 1,200 deaths and nearly 40,000 hospitalisations (Gao et al. 2014).

Recognising the range of harms caused by alcohol, VicHealth set a 10-year goal of 200,000 more Victorians drinking less alcohol by 2023.

Our progress so far

Since 2013, we have worked with our partners in state and local government, universities, and community and sporting groups to highlight the harms of alcohol, the benefits of drinking less and the evidence for why and how to do so.

Our [No Excuses Needed](#) campaign challenges social norms around younger people's drinking, including the pressure some young people feel to drink. Our world-first [Alcohol Cultures Framework](#) guides public health action on risky drinking cultures, shifting the focus from individual behaviour to the shared group activities and practices of what we call a 'social world'. A social world is a group of people who get together around a common interest or activity and who may share drinking norms, practices and expectations.


We have also supported the alcohol harm-prevention sector's legal policy capacity and assisted local councils in municipal health planning and liquor licensing matters. Through our [Top Spin](#) initiative, we have asked young Victorians to call out the tactics used by the alcohol industry that aim to influence them to drink.

2019–2023

Over the next four years, we will aim to prevent harm from alcohol products, with a focus on:

- changing risky drinking cultures
- enabling environments to support low-risk drinking.





In 2013, VicHealth released its [Action Agenda for Health Promotion](#), which set our strategic direction for the 10 years to 2023. Preventing harm from alcohol is one of the five strategic imperatives identified for action to improve the health of all Victorians, with a 10-year goal of 200,000 more Victorians drinking less alcohol by 2023.

In the past six years, we:

- delivered statewide campaigns including [No Excuse Needed](#) and the [Top Spin](#) initiative
- supported partners to deliver programs including [Good Sports](#) and [Hello Sunday Morning](#)
- worked across nine risky-drinking populations as part of the [Alcohol Culture Change Initiative](#), guided by our [Alcohol Cultures Framework](#)
- provided legal policy capacity to the alcohol-prevention sector and sought ways to support the municipal health planning and liquor licensing of local governments.

More information about our work on preventing harm from alcohol from 2013 to 2019 can be found on our [website](#).

What we aim to achieve

VicHealth's Action Agenda 2019–2023 reaffirms the 10-year goal of 200,000 more Victorians drinking less alcohol. Over the next four years, we will aim to prevent harm from alcohol products, with a focus on:

- **changing risky drinking cultures**
- **enabling environments to support low-risk drinking.**

Despite drinking less alcohol, the most disadvantaged groups in the community are more likely to experience hospitalisation or death due to alcohol-caused chronic diseases (Roche et al. 2015).

This apparent paradox between alcohol consumption and alcohol-caused chronic disease means that alcohol consumption alone cannot explain why the most disadvantaged groups experience a greater disease burden (Roche et al. 2015). Other health equity factors are at play.

We are committed to reducing alcohol-related health inequity and to applying the following guiding principles to our work to reduce harm from alcohol products. We will:

- take account of how social position can affect alcohol-related harm
- reduce harm from alcohol products across groups who drink at high-risk levels, focusing on disadvantaged populations.

FOCUS AREA

Changing risky drinking cultures

What will success look like?

Positive changes in the settings, skills and shared meanings across the high-risk drinking social worlds in which we work.

Building on our innovative work in developing the [Alcohol Cultures Framework](#), we will continue to support programs that reduce or prevent high-risk drinking cultures. We know that the shared practices of a social group, rather than individuals, have the greatest scope to bring about cultural change (VicHealth et al. 2019).

To change high-risk drinking cultures, we will:

- shift the focus from the behaviour of individuals to the shared activities and practices of a group or social world
- integrate learnings from the first Alcohol Culture Change pilot projects and apply them to support organisations and local communities to design interventions for high-risk drinking social worlds
- build further evidence on applying our Alcohol Cultures Framework to scale, and embed this approach in preventing harm from alcohol.

FOCUS AREA

Enabling environments to support low-risk drinking

What will success look like?

More public debate around alcohol reform, and governments at all levels implementing evidence-based reform.

The most effective policy measures for reducing alcohol harm across the population are those that reduce the affordability, promotion and availability of alcohol products (Babor et al. 2004).

Given there is strong concern in the community about the harm caused by alcohol products, it is crucial to harness this concern to help drive whole-of-population action on alcohol (FARE 2019). Better health and wellbeing requires influencing systems to improve physical and social environments. In Victoria, local government plays a key role in identifying the scope of the problem and developing solutions to reduce alcohol-fuelled harm.

To support communities to reduce harm from alcohol products and strengthen policy action directed at the alcohol industry, we will:

- provide councils with tools and evidence to add value and support their efforts to reduce alcohol-fuelled harm at the local level
- provide legal policy capacity to the alcohol harm-prevention sector
- leverage existing partnerships and forums, including the Alcohol Policy Coalition, the Local Government Gambling, Alcohol and Other Drugs Issues Forum and the Liquor Control Advisory Council to influence the policy and practice of organisations and government
- work with the public and stakeholders to harness community support for better regulation of alcohol marketing and sales, building on learnings from our Top Spin community engagement initiative and other programs
- consult with our advisory body, the VicHealth Alcohol Taskforce, and other stakeholders to identify priority research required to inform our future strategies and deliver this with research partners.

Supporting Evidence

Overall, levels of alcohol consumption in Australia are decreasing, mainly driven by declining consumption among teenagers and young adults. From 2013 to 2016, the proportion of teenagers aged 12–17 years abstaining from alcohol increased from 72 per cent to 82 per cent (AIHW 2017b). Despite these improvements in this age group, Victorians aged 18–24 remain the most likely to drink in ways that increase their risk of injury from a single drinking occasion. In 2016, 42 per cent of Victorians aged 18–24 had consumed five or more standard drinks in one sitting at least monthly (VicHealth 2016).

Of the total burden of disease and injury in Victoria in 2015, 4.6 per cent was attributable to alcohol products (VicHealth 2019). More than one in six Australians is at risk of alcohol-fuelled harm over their lifetime due to drinking on average more than two standard drinks per day. This is highest among people aged 40–49 and 50–59 years (20.6 per cent and 20.4 per cent respectively) (AIHW 2017a). Since 2007, high-risk drinking has reduced among women aged 18–24 but increased among those aged 50–59 years (AIHW 2017b).

Despite per capita declines in alcohol consumption, some alcohol-related harms have increased significantly in the past six years, including hospitalisations, which have increased by 31 per cent, and ambulance attendances, which have increased by 33 per cent (Turning Point 2019). Promisingly, other harms such as alcohol-fuelled serious or fatal road injuries have decreased by 33 per cent (Turning Point 2019).

Although disadvantaged population groups consume alcohol at lower rates than the general population, they are significantly more likely to experience hospitalisation or death due to alcohol-caused chronic diseases. In 2006, the likelihood of being a patient with an alcohol-caused chronic disease was 59 per cent higher for people living in the most disadvantaged Victorian neighbourhoods (VicHealth 2014).

It appears that the overall decline in alcohol consumption is also masking heavy drinking among particular groups. Just 20 per cent of all Australians (3.8 million people) account for 74.2 per cent of all alcohol consumed nationally each year (FARE & CAPR 2016). Further, patterns of alcohol consumption and harm vary by gender: men are more likely to drink in much greater quantities, they do so more frequently and they experience more alcohol-fuelled harm as a result. In 2015, men were more than three times more likely than women to drink at levels that put them at very high risk of alcohol-fuelled harm (14.5 per cent compared to 4.1 per cent) (VicHealth 2016). This highlights the need for initiatives that target high-risk drinkers to also take into account the role of gender in influencing drinking behaviour and related harm. These types of approaches complement crucial whole-of-population interventions.

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