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**SUBMISSION TO THE NATIONAL ALCOHOL STRATEGY 2005-09
CONSULTATION PAPER**

June 2005

Victorian Health Promotion Foundation (VicHealth)

Executive Summary

VicHealth is pleased to present its submission to the Project Management Group for input into the new four-year National Alcohol Strategy 2005-2009.

The interest and attention being given to this important public health issue is encouraging. It is our belief that attention on harmful consumption of alcohol as an issue is long overdue.

Key points of our submission include:

- extensive lessons can be learnt from tobacco control
- essential to tackling alcohol issues is a longer term vision of at least 5-10 years
- issues need to be addressed at both a federal and state level and by all states and territories together
- comprehensive approaches targeting young people based on resilience, connectedness, and positive youth development should be utilised
- the current practice of self regulation of alcohol advertising is ineffective and greater controls on advertising need to be considered as a priority. As a minimum, the pre vetting phase of the ABAC requires urgent review.
- Strategies that address pricing and availability of alcohol are essential

This submission is consistent with the paper that VicHealth submitted to the Victorian Drugs and Crime Prevention Committee's Inquiry in December 2004.

1. The Victorian Health Promotion Foundation (VicHealth)

The Victorian Health Promotion Foundation or VicHealth is a statutory organisation established under the Tobacco Act 1987. VicHealth forms partnerships with different groups to make health a central component of our daily lives. Its activity is geared to promoting good health, safety and preventing ill health. Essentially, VicHealth works with others to build healthy foundations for the future.

It does this by working for all Victorians, through partnerships at all levels of government and in different sectors and by creating innovative programs based on research and evaluation. This, in turn, helps others who can influence good health. Working with others also creates a broader base from which to draw solutions.

VicHealth's vision is of a community where:

- health is a fundamental right;
- everyone shares in the responsibility for promoting health; and
- everyone benefits from improved health outcomes.

The Foundation's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic, cultural and physical environments to improve health for all Victorians; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

For further detail see www.vichealth.vic.gov.au

2. Alcohol as a Priority for VicHealth

To assist VicHealth to achieve its vision and mission funding is provided for a range of programs and research in the priority areas of **tobacco control, physical activity, mental health and wellbeing, health inequalities and healthy eating**. Whilst substance abuse, which includes alcohol, is not a major program area for VicHealth, it represents one of a number of strategic investments also supported by the Foundation.

Over the past 17 years VicHealth has funded a range of alcohol related research, community based programs and sponsorships. We have worked in partnership with agencies like the Australian Drug Foundation for many years and have been actively involved with the Premiers Drug Prevention Council (PDPC) since its inception. Dr Rob Moodie, CEO of VicHealth is the current Chairperson of the Premiers Drug Prevention Council, and VicHealth also houses the *Connectus* program funded by the PDPC and which is working with young people at risk.

3. Consultation on the New National Alcohol Strategy 2005-09

VicHealth is pleased to see the interest and attention being given to this important public health issue. It is our belief that attention on harmful consumption of alcohol as an issue is long overdue. Specific questions such as should the drinking age be raised from 18 to 21, should there be a volumetric tax, should alcohol sponsorship of sporting events be banned are just one part of the debate. More importantly, are we as a society committed to even having the debate? For too long the harms associated with alcohol have been overlooked, given low priority or have been caught up in discussions relating to drinking as part of our culture. Drinking may be part of our culture, but binge drinking, underage drinking and continual drinking at harmful levels are not and should not be an accepted part of our culture. Whilst these changes in attitude and behaviours will not happen overnight, the time to act is now. A longer term 5-10 year vision to tackle this issue is essential at both federal and state levels.

VicHealth commends the work undertaken by the Commonwealth Department of Health and Ageing and the information presented within the consultation paper. This consultation phase will stimulate and promote public debate on this issue.

4. A Health Promotion Response

VicHealth supports a harm reduction approach to alcohol and is pleased to see an approach based on a social model of health, where health is seen in a broad context that also examines social and environmental factors that contribute to health rather than just considering biological or medical factors.

The complexity of alcohol as a public health issue reinforces the necessity of using a variety of strategies that target individuals, systems and society. VicHealth believes harmful consumption of alcohol as an issue needs a stronger focus and more concerted effort at both federal and state levels. Whilst it is pleasing to see that the federal level is taking a greater interest, **unless the issue of harmful consumption of alcohol is taken up as a priority issue at federal level, and by states and territories in partnership only limited achievements in addressing the problem will be made.**

5. Need for a Comprehensive Strategy

A commitment to a comprehensive package of strategies is required if Australia is to make any significant decrease on harmful alcohol consumption trends and the associated social, economic and health harms that arise from alcohol misuse. Strategies need to target individuals, in systems and sectors and at societal and institutional levels. There is limited value in tackling these levels of influence in isolation. Some of the actions required to address this issue will be federal, state and territory responsibilities requiring strong partnerships and leadership roles. Working together is essential in order to create the change.

A comprehensive strategy should as a minimum include issues such as monitoring and surveillance, advocacy, media, community projects, legislation, pricing and taxation and supply.

6. Lessons from Tobacco Control

VicHealth believes that policy makers, researchers and practitioners in the alcohol area can learn from the work undertaken over the past 20 yrs by the tobacco control movement. The model employed to tackle tobacco control targets a broad range of strategies from an international, national and state level. For instance we know that a complete ban on advertising and sponsorship had a significant impact on reducing smoking rates. Similar achievements can be made in reducing the harms associated with excessive alcohol consumption if there is commitment and coordinated effort.

Monitoring and surveillance, advocacy, media, cessation, community projects, legislation, pricing and taxation and supply are all issues that tobacco control has considered and had considerable success in addressing. Strategies used to promote alcohol appear to reflect approaches used by tobacco companies so it makes sense to look to the tobacco control lobby to see how they have managed to restrain, prevent or counter these actions.

Quit Victoria, the VicHealth Centre for Tobacco Control and the Centre of Behavioural Research in Cancer would be three organisations VicHealth strongly recommends the Project Management Group consult with in order to better understand the successful model that has been employed in tobacco control that could be adapted to tackle alcohol related issues. The strength of the tobacco control model is the integration of research (behavioural, social and economic) and practice in tobacco control. The coordinated approach taken ensures that actions are undertaken in a strategic, integrated manner. The success of tobacco control efforts is based on a number of key agencies working collaboratively together at a state, national and international level. It is a highly organised strategic approach that has a comprehensive and long term vision.

KEY ISSUES

VicHealth will not be commenting on all issues raised within the consultation paper, however we would like to provide some specific comments relating to the key areas:

1. The cultural place and availability of alcohol in Australia
2. Improving safety and public amenity
5. Responding to higher risk groups
6. Developing partnerships
7. Seeking effective policies and program, monitoring and information

1. The Cultural Place and Availability of Alcohol in Australia

a. The role of the alcohol industry

A greater awareness of the role of the alcohol industry needs to be developed. Industry spending patterns, advertising patterns and networks of influence need to be examined. The high level of influence and lobbying are quite sophisticated and effective through sheer buying power and huge resource capacity. Industry funded organisations, particularly research organisations need to be treated with extreme caution and need to be carefully monitored. Lessons learnt from tobacco control have shown that industry funded research and programs were largely unhelpful and in fact quite counterproductive. Evidence presented by Anderson (2002) shows alcohol industry funded research and programs are following the same pattern.

We draw your attention to Dr Anderson's (2002) comprehensive publication prepared for the Global Alcohol Policy Alliance: **The beverage alcohol industry's social aspects organizations: A public health warning**. This report provides a comprehensive analysis of the influence that social aspects organisations have been accumulating over the past 20 years. The report highlights the tricks and strategies used by social aspects organisations, examines hostilities shown to alcohol policies and the support provided for policies and programs that are known to be ineffective and or lacking in evidence. VicHealth understands a new Australian industry funded social aspects organisation is about to be established and recommends that it is treated with extreme caution.

b. The role of alcohol advertising

VicHealth believes the current practice of self regulation of alcohol advertising is ineffective and greater controls on advertising need to be considered as a priority. VicHealth is particularly concerned about the impact advertising is having on underage and youth drinkers and the messages alcohol advertisements are sending young people.

Self regulation is clearly not working. The number of alcohol ads that blatantly contravene the regulations, the number of complaints made and number (or lack of) that have been upheld confirms that new approach and a independent regulation is required. For example, Jones and Donovan's 2002 study of the self regulation of the alcohol industry critically questions the effectiveness of self regulation. An

examination of 11 alcohol advertising complaints by independent judges found a clear discrepancy between the independent judges' assessment of the advertisements and that of the Advertising Standards Board in regard to interpretations of breaches of both the Australian Association on National Advertisers (AANA) and the Alcohol Beverages Advertising Code (ABAC). VicHealth believes that as a minimum, the pre vetting phase of the ABAC requires urgent review. Stronach and Munro (2004) note that it is likely that legislated controls on advertising will be more effective than self regulation and this is one avenue that VicHealth recommends is given serious consideration.

VicHealth has recently funded the Australian Drug Foundation for '**A systematic investigation of the effect of the pre vetting and complaints system for alcohol advertising**'. A final report will be available in November 2005. It is anticipated that this research will add weight to the call for a review of the practise of self regulation.

c. Restrictions on alcohol advertising and sponsorship

Evidence presented by the Victorian Drugs and Crime Prevention Committee (2004) and in Babor (2004) shows support for greater restrictions on alcohol advertising in reducing overall levels of consumption as well as in reducing consumption in specific sub cultures. VicHealth therefore supports the notion of restricting alcohol advertising and sponsorships.

VicHealth would recommend a graduated restriction of alcohol advertising, ultimately leading to removal of all alcohol advertising on television, in cinemas and in the print media. VicHealth would also recommend eventual exclusion of sponsorship of events where the direct or indirect aim of the sponsorship is to promote alcoholic beverages. These strategies are realistic and achievable; Thailand has been successful in restricting alcohol advertising on television and radio between 5.00 am and 10.00 pm. Their outdoor and print media advertisements must also carry health warnings and alcohol sponsorship of sport is being replaced by health sponsorship.

VicHealth's basis for these comments is a concern for the health and wellbeing of young people. Whilst understanding that drinking is a part of culture and lifestyle, there also needs to be a balance. The inappropriate advertising of health damaging products needs to be carefully monitored. It is the excesses of the industry we object to and that are causing harm in our society and for our young people. Legislation has an important role to play in ensuring appropriate levels of advertising and promotion particularly in relation to the type, placement, timing and frequency of advertising and promotion strategies.

VicHealth would also strongly encourage the consideration of promotion strategies used by alcohol companies that go beyond television, radio and print advertising. The role of product placement, point of sale advertising, sponsorship, guerrilla marketing, internet, promotional merchandising and other modes of alcohol

promotion also need to be considered and potentially regulated. How much these other forms of advertising are captured by existing regulations and self regulation mechanisms should be examined. In conjunction with this, public health needs to better understand the sophisticated marketing strategies employed by alcohol companies to promote their products so appropriate countermeasures or regulations can be put in place. Again, lessons relating to these issues can be learnt from the Tobacco control movement.

d. Labelling and packaging

VicHealth believes alcohol product labelling and packaging should continue to carry standard drink measurement information. However, further investigation needs to be undertaken before any recommendations relating to additional health warnings on packaging are made. A better understanding of what these messages may say and what reactions different population groups may take to these labels needs to be understood. Again, lessons can be learnt from the tobacco control movements in relation to health warnings labels and the impact of these particularly on groups that have a tendency towards risky behaviours.

e. Economic strategies for reducing harmful alcohol consumption

As Stronach and Munro note (Hands on HP pg 197) access to alcohol has increased in Australia due to more liberal licensing laws, as more businesses sell alcohol, and for longer hours. A move from overregulation to under-regulation has occurred and this needs to be redressed. VicHealth is concerned about recent discussions in the press relating to the proposal to allow alcohol to be obtained via vending machines and for any further relaxing of laws and regulations relating to where and how alcohol can be purchased (Liquor Reform (Underage Drinking and Enhanced Enforcement) Bill, 2004). VicHealth urges further investigations at issues relating to alcohol availability and calls for tighter not eased restrictions on where, when and how alcohol can be purchased. Access to alcohol by underage drinkers and monitoring supply to those who may be already intoxicated should also be of high priority.

f. Taxation

VicHealth would lend support to calls for the current alcohol taxation system being replaced with a volumetric system based on alcohol content.

VicHealth is also supportive of the investigation of a hypothecation of alcohol excise with funds being directed to prevention, education and treatment programs. VicHealth directs the Project Management Group's attention to the Thai Health Promotion Foundation (<http://www.thaihealth.or.th/en/home.htm>) created under the Health Promotion Foundation Act 2001. This act gives Thai Health its autonomy and secures their annual revenue which comes directly from 2 percent of tobacco and alcohol taxes.

g. The role of liquor licensing

VicHealth understands there are gaps in the current liquor licensing system and would encourage further investigation of the issue and clear identification of any gaps in policy, legislation or resources. It appears that liquor licensing in Victoria has become a predominately administrative function and broader public health issues relating to granting of liquor licences have been neglected.

If licences are being granted that are causing harm to individuals and communities, it should be the responsibility of those who grant the licences to monitor and respond to any harms that arise as a results of their licences. A greater focus on preventative actions relating to stricter licence conditions and more rigorous enforcement of licence conditions and greater provision of information and training in methods to ensure responsible use of and service of alcohol should be connected to licences. This should be a significant part of licensing bodies' roles and responsibilities. Licence fees could be increased to cover costs associated with monitoring and regulation of all, and particularly, problematic licensed outlets.

h. Density of liquor outlets

VicHealth would support reducing the density of liquor outlets, particularly where there are a number of late night entertainment venues operating in the same vicinity. In conjunction with this, VicHealth believes the role of local government in managing alcohol related issues in their municipality should be strengthened and properly resourced. As a minimum, local councils should be given the opportunity to utilise or introduce zoning laws which consider local needs along with potential for harms and the ability to place limits on the number of alcohol outlets within certain areas of their municipality.

The following research is being funded by VicHealth and may be of interest to the Project Management Group:

University of Melbourne - Environmental determinants of Alcohol Use, Dr Anne Kavanagh. This research aims to describe the contribution of characteristics of the local environment (density of alcohol outlets, sale and price of alcohol) in explaining socio economic variations in acute and chronic alcohol misuse.

i. Reducing harmful alcohol consumption through sports

VicHealth has been supporting the ADF's GoodSports program since its inception. In working with local sporting clubs the program aims to promote the responsible serving of alcohol and ultimately change the culture to one that is more family friendly and health promoting. Of interest to the Project Management Group may be other work VicHealth undertakes with the Victorian sporting sector related to alcohol.

The Partnerships for Health scheme offered by VicHealth currently works with 51 State Sporting Associations who in turn work with their affiliated associations and clubs (approx 8,000 clubs in Victoria in total). One element of the Partnerships for

Health scheme is focussing on creating healthy environments in which to conduct activities. This work is based on the premise that healthy environments will increase the appeal of clubs, organisations and activities to a wider range of potential participants. As part of a comprehensive healthy environments policy, all funded organisations are looking at issues related to responsible alcohol management. Sports that wish to take place additional focus on this issue often progress on to become involved in the GoodSports program.

2. Improving safety and public amenity

There is increasing evidence of strong links between the built environment, health and wellbeing (WHO, 1999). The important role of local government in improving health outcomes for the community is widely recognised. Local government plays a key role in creating the environment for communities to prosper and enjoyed improved health and wellbeing. Acting at a local level, local government can directly improve safety and public amenity for its citizens. Resources such as *Environment for Health* (by Victorian Department Human Services), *Leading the Way* (by VicHealth) and *Healthy by Design: a Planner's Guide to Environments for Active Living* (by National Heart Foundation) provide councils explanation on social determinants of health and effective and practical solutions to local circumstances that councils can apply in their core business.

5. Responding to Higher Risk Groups

a. Whole of population vs specific population focus

Strategies to reduce harmful consumption of alcohol need to focus on both the whole population as well as the specific population groups. Babor et al (pg 42) highlight that “when alcohol consumption levels increase in any given society, there tends to be an increase in the prevalence of heavy drinkers..” therefore VicHealth would strongly encourage any recommendations consider alcohol related matters from both the point of reduction in overall consumption rates as well as in tackling issues related to specific sub cultures or populations.

b. Preventative measures and Young people

It is pleasing to note the suggested further development of early prevention strategies. VicHealth agrees that comprehensive approaches based on resilience, connectedness, and positive youth development would also be effective ways of preventing harmful consumption of alcohol, particularly by young people.

VicHealth, in partnership with Victorian Transport Accident Commission (TAC) and Royal Automotive Club of Victoria (RACV), is currently developing a project called “*Common Solutions*” that aims to encourage the potential for different sectors within a community to work together in improving the health and wellbeing of young people by building the capacity of family, school and community environments to be able to impact on the risk and protective factors in young people’s lives.

Toumbourou et al (2004) found that alcohol use at 21 was predicted by both levels of alcohol use in high school and by drinking trajectories thorough the transition from high school. Based on this and other compelling evidence VicHealth sees a focus on preventative strategies with young people as an essential part of preventing harmful alcohol consumption levels. Findings from the Gatehouse Project, which is a comprehensive school based health promotion strategy, indicate that implementation of such a strategy can be effective in reducing adolescents' health risk behaviours particularly with respect to their substance use (Bond et al 2004). VicHealth would strongly encourage the Project Management Group to make contact with Professor George Patton at the Centre for Adolescent Health in Melbourne, to find out more about the important and groundbreaking work they have been undertaking relating to youth and resilience. This work includes, but is not limited to the work associated with the Gatehouse Project.

c. Education and information strategies for reducing harmful alcohol consumption

As discussed previously, VicHealth encourages the Project Management Group to further investigate the range of established and evaluated approaches based on resilience, connectedness, and positive youth development that target youth, schools, parents and peers.

d. Strategies for reducing harmful alcohol consumption of Indigenous people

The Koori community in Victoria is made up of a number of specific communities with their own unique characteristics and concerns. The use of appropriate strategies that address urban communities as well as rural and remote communities is a wise approach. Any strategies for addressing alcohol related issues in Koori communities need to come from Koori communities themselves. VicHealth strongly encourages the involvement of key peak Koori organisations such as the Victorian Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service and the Victorian Aboriginal Community Services Association in exploring any of these issues, in the Victorian context.

6. Developing Partnerships

It is our perception that at the state level in Victoria the sector appears fragmented and that greater collaborative effort around alcohol control could produce significant results. Responses to alcohol control need to come from a variety of sectors such as sports, media, education, local government, law enforcement etc and identification of key players in these sectors is essential. A national strategy could promote greater collaboration at a state level.

VicHealth believes there is a need for a comprehensive National alcohol Strategy which takes into account a broader range of issues and identifies a broader range of stakeholders. A comprehensive National alcohol strategy also needs leadership from individuals and organisations who will take responsibility for coordinating its implementation and adequate funding to undertake the necessary tasks.

VicHealth agrees with the international approach as described in the consultation paper. The development of the Framework Convention in Tobacco Control provides a good model for a similar response with respect to alcohol. This is particularly relevant for the Asia Pacific Region.

7. Seeking Effective Policies and Programs, Monitoring and Information

a. Surveillance and monitoring

Greater surveillance and monitoring needs to occur nationally. The ability to collect and analyse data at local levels to monitor trends and identify problem areas is essential. We have lost the capacity to measure sales and consumption patterns at local levels which means we are not able to respond to the local level issues and to understand the intersection between social and crime problems and problems associated with unsafe levels of consumption. Good monitoring and surveillance data is vital in order to develop a complete understanding of the issue and to measure the effectiveness of strategies.

In addition, the Foundation

- agrees a national strategy can promote improved data collection through better coordinated data linkage across the various sectors.
- agrees that a coordinated national strategy should also link with other strategies of state government and relevant bodies.
- agrees that there is a need for conducting research gap analysis
- supports and emphasises the need of translating research to practice as an area requiring further development. In Canada there has been a shift toward an emphasis on translation especially within health services research and public health. Canada specifically funds a translation branch as part of the Canadian Institute for Population and Public Health. Translation is now also routinely considered in the process of priority setting and development of research questions (CIPPH, CPHI 2004).

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