VicHealth
Alcohol Strategy

2016–19
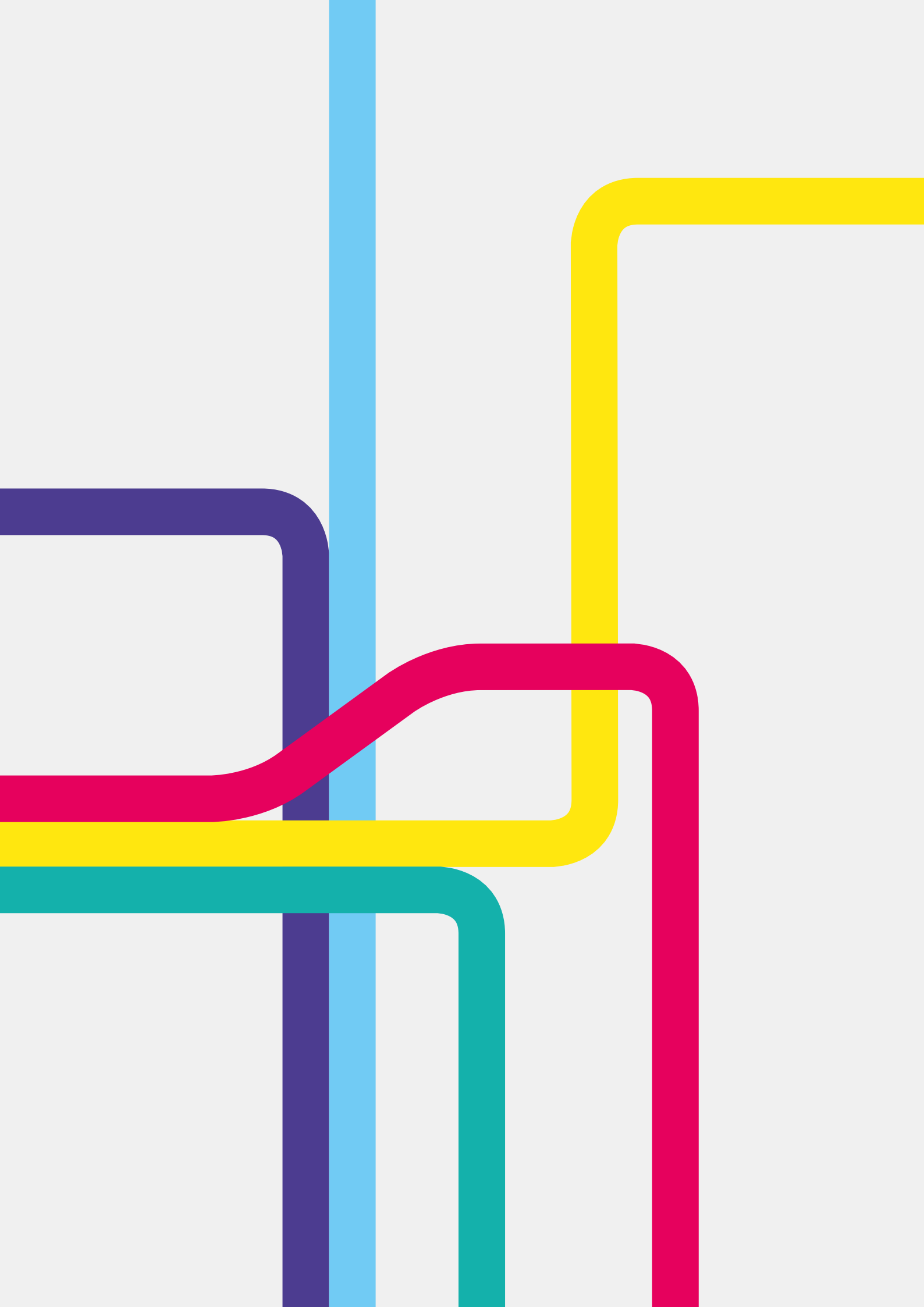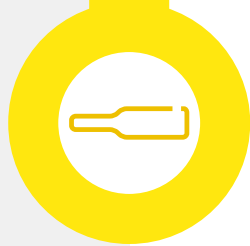
VicHealth™

Introduction

The VicHealth
Alcohol Strategy
will enable VicHealth
to deliver its
organisational
objective of

PREVENTING

HARM FROM

ALCOHOL

VicHealth has a long history of working in Victoria to prevent harm from alcohol. Approaches began with the sponsorship of sports and arts events with alcohol harm reduction messages (1992 to 2000) and then evolved to fund alcohol research and evaluation, support the establishment and operation of the Alcohol Policy Coalition and create healthy environments in sports and workplace settings (2001 to 2012).

In 2013, the *VicHealth Action Agenda for Health Promotion* was released, providing the organisational strategic direction for the next 10 years (2013–23). Preventing harm from alcohol is one of five strategic imperatives identified for action to improve the health of all Victorians. Within the first three years of the Action Agenda, VicHealth has led campaigns for alcohol culture change in partnership with the State Government, supported alcohol culture change programs such as Good Sports and Hello Sunday Morning, funded research, and delivered the Alcohol Innovation Challenge to seed new ideas to reduce alcohol consumption and increase the acceptability of drinking less.

The updated Action Agenda in 2016 retains our 10-year goal and sets out a new three-year priority for alcohol:

- **10-YEAR GOAL** – 200,000 more Victorians drink less alcohol
- **THREE-YEAR PRIORITY** – 80,000 more people and environments that support effective reduction in harmful alcohol use.

Noting the importance of considering health equity across all activities, our work in alcohol will also aim to reduce inequities in alcohol-related harm.

The three-year timeframe for this strategy (2016–19) allows progress to be assessed at the three-quarter-way point of working towards the 10-year goal.

2016–19 PRIORITIES

OVER THE NEXT THREE YEARS, VICHEALTH WILL:

- de-normalise risky drinking in high-risk groups, settings and subcultures

- better understand how we can reduce harm from alcohol in vulnerable groups

- increase public, government and industry support for evidence-based alcohol control policies and practices.

10 YEAR

GOAL
200,000 more Victorians drink less alcohol

3 YEAR

PRIORITY
80,000 more people and environments that support effective reduction in harmful alcohol use

VicHealth's role

VicHealth is a pioneer in health promotion, with a primary focus on promoting good health and preventing chronic disease.

VicHealth can play a distinct role in preventing harm from alcohol and can differentiate itself through a focus on the following areas:

- **Health equity** – VicHealth has a strong commitment to promoting fairness and opportunity for better health and ensures that health equity is reflected across all our work.

- **Investment** – Alcohol prevention is a much-neglected and underfunded area of health promotion. Our investment provides opportunities for alcohol prevention and related sectors to partner on and test approaches.

- **Innovation** – Being an independent statutory body with multipartisan support allows VicHealth to back what is promising but unproven, and build evidence on cutting-edge interventions.

Why alcohol?

While overall levels of alcohol consumption in Victoria are relatively stable, alcohol-related harms including hospitalisations and ambulance attendances have increased significantly in recent years.

Most Victorians drink responsibly, however a significant proportion of the population still drink in a manner that puts them at risk of injury from a single occasion of drinking, or at risk of chronic disease over the longer term (see page 9).

Short-term harms from alcohol misuse, such as injury, are experienced more often by men and adults. Longer-term harms including cancers, cardiovascular diseases and digestive diseases are more likely to be experienced by people with low socioeconomic backgrounds (Victorian Drug and Alcohol Prevention Council 2010), those living in rural and regional areas, men and older people (National Preventative Health Taskforce Alcohol Working Group 2008).

Every year in Victoria, alcohol causes over 1200 deaths and nearly 40,000 hospitalisations (Gao et al. 2014). Consuming alcohol within low-risk drinking guidelines[1] can improve physical and mental wellbeing, social connection and reduce the risk of injury and chronic diseases.

Alcohol culture

The notion of Australia's problematic 'alcohol culture' and the importance of a public health response to change it is often discussed, but it is an ambiguous term and open to interpretation.

VicHealth defines alcohol culture as the way people drink, including the formal rules, social norms, attitudes and beliefs around what is and what is not socially acceptable for a group of people before, during and after drinking.

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[1] No more than two standard alcoholic drinks per day to be at low risk for developing a chronic disease and no more than four standard drinks on a single occasion to be at low risk of injury.

2006–07 to 2013–14

+3.4%

ALCOHOL-RELATED
HOSPITAL ADMISSIONS

2006–07 to 2013–14

+10%

ALCOHOL TREATMENT
EPISODES

2006–07 to 2013–14

+25.6%

EMERGENCY DEPARTMENT
PRESENTATIONS

2003–04 to 2012–13

+59%

ALCOHOL INVOLVEMENT IN
FAMILY VIOLENCE INCIDENTS

2006–07 to 2013–14

+285%

ALCOHOL-RELATED
AMBULANCE ATTENDANCES

2001–02 to 2010–11

−45%

ALCOHOL-RELATED SERIOUS
OR FATAL ROAD INJURIES

Reducing the social acceptability of risky drinking is key to changing the drinking culture in Australia and will require a range of actions, including whole-of-population approaches (e.g. through regulation) and targeted programs that work closely with subgroups (e.g. setting-based approaches).

VicHealth, in consultation with the alcohol harm prevention sector, has developed a framework for alcohol culture change. The Alcohol Cultures Framework is a planning tool for public health workers and those with an interest in shifting drinking cultures to reduce alcohol-related harms. It defines alcohol cultures and provides a lens for designing and implementing programs.

The Alcohol Cultures Framework will guide many of VicHealth's key alcohol investments within this strategy.

Preventing harm from alcohol: the evidence

Evidence indicates that action to prevent harm from alcohol consumption must use a comprehensive and multifaceted approach, including the following strategies:

- social marketing and counter-advertising

- increasing the price of alcohol through taxation

- reducing the availability of alcohol, including restricting trading hours and the number of alcohol outlets in an area

- restricting alcohol advertising, particularly to children and adolescents

- behaviour change interventions (such as 'self-help' movements, setting-based interventions or policy in workplaces and sports clubs)

- screening for risky alcohol use and delivery of brief interventions in health care settings.

A 2016 analysis (Foundation for Alcohol Research and Education & Centre for Alcohol Policy Research 2016) suggests that the overall decline in alcohol consumption is masking heavy drinking among particular groups. Only 20 per cent of all Australians (3.8 million people) account for 74.2 per cent of all the alcohol consumed nationally each year.

This suggests a need for targeted approaches to those high-risk drinkers to complement whole-of-population interventions.

SOCIAL POSITION AND INEQUALITY

Social position refers to the position of individuals or groups within society and is influenced by a range of social and economic factors. Some groups may have increased exposure to factors that mean they are more likely to consume excess alcohol or experience alcohol-related harm, such as exposure to discrimination, chronic stress or increased exposure to alcohol promotions. Certain factors make groups more vulnerable than others, even if their alcohol consumption is the same. Vulnerabilities can be social (such as resilience or social support) or biological (women and children are more vulnerable, for example).

Consideration of social position, differential exposure and vulnerability must be considered due to the resulting differences in health outcomes. For example, low income earners experience substantially greater alcohol-related harm despite often reporting similar or lower levels of alcohol consumption than the general population (Jones et al. 2015).

16% OF VICTORIANS ARE AT RISK OF CHRONIC DISEASE FROM DRINKING (>2 drinks/day)

16% 61% 23%

RISKY
DRINKERS

LOW-RISK
DRINKERS

NON-DRINKERS
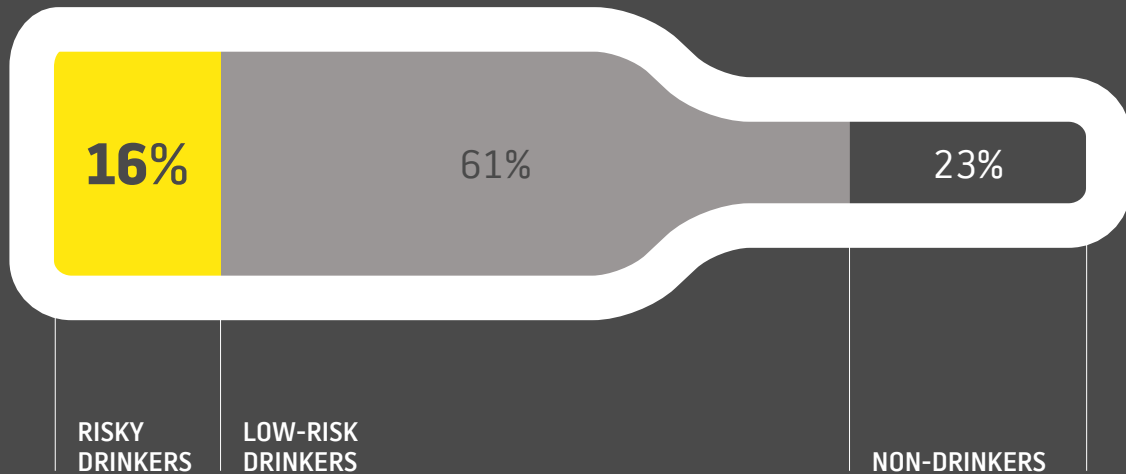
RISKY DRINKING **in Victoria**

National Drug Strategy Household Survey detailed report
(Australian Institute of Health and Welfare 2014)

36% OF VICTORIANS ARE AT RISK OF INJURY FROM A SINGLE OCCASION OF DRINKING (>4 drinks/day)

36% 41% 23%

RISKY
DRINKERS

LOW-RISK
DRINKERS

NON-DRINKERS
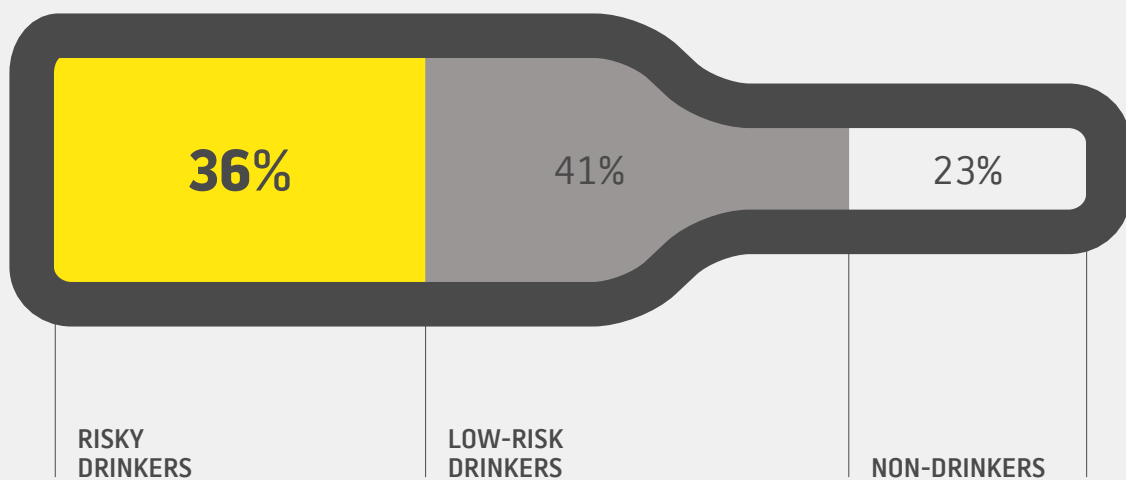
The policy environment

Commonwealth, state, and territory governments have responsibility over different policy areas. The National Drug Strategy provides the overarching drug policy framework in Australia.

In Victoria, the sale and supply of alcohol is regulated via the *Liquor Control Reform Act 1998* under the auspices of the Minister for Consumer Affairs, Gaming and Liquor Regulation. The Act requires the operation of a Liquor Control Advisory Council to advise the minister on problems of alcohol abuse and on any other matters referred to it. The Victorian Commission for Gambling and Liquor Regulation is the independent statutory authority that regulates Victoria's gambling and liquor industries.

The *Victorian Public Health and Wellbeing Plan 2015–2019* includes harmful alcohol use as one of the priority areas in the plan. Prevention, early intervention, treatment and harm minimisation are primarily the responsibility of the Department of Health and Human Services under the auspices of the Minister for Mental Health. Alcohol and other drug education in schools is the responsibility of the Department of Education and Training, under the auspices of the Minister for Education.

VicHealth's Operational Model

VicHealth's work is built on three interconnecting pillars (Innovate–Inform–Integrate), delivered through five organisational approaches.

INNOVATE

We innovate to discover how to accelerate outcomes for health promotion.

INFORM

We inform to give individuals and organisations the best information for healthier decisions.

INTEGRATE

We integrate to help Victoria lead health promotion policy and practice.

INNOVATE

Design and trial bold
new approaches and
strategies

Develop and
deliver programs
and campaigns to
establish evidence
for broader system
implementation

RESEARCH
AND
EVALUATION

Sustain outcomes
through policy
development and
systems change

Influence the practice
of organisations
and leverage the
investment of
stakeholders

Empower the
public to engage in
conversation and
debate which enables
action for health

INTEGRATE

INFORM

Alcohol Strategic Approach 2016–19

VicHealth's strategic approach in alcohol will involve a program investment spread across four focus areas.

3 YEAR

3-YEAR PRIORITY

PRIORITY
80,000 more people and environments that support effective reduction in harmful alcohol use

FOCUS AREA 1

INNOVATE—INFORM

Denormalise risky drinking in priority groups, settings and subcultures

Building on the campaign work delivered from 2013 to 2015, VicHealth will continue to engage Victorians to build a better drinking culture. Guided by the Alcohol Cultures Framework we will:

- commission qualitative research with priority groups, settings and subcultures to explore influencers that shape drinking behaviour

- deliver an Alcohol Culture Change Grants Initiative, informed by the qualitative research above, which will provide interested groups, agencies and communities the opportunity to apply for partnership funding to deliver an intervention within priority groups, settings and subcultures. These interventions will aim to improve values, beliefs and social norms around alcohol.

FOCUS AREA 2

INNOVATE

Trial evidence-informed policies and practices with key partners

VicHealth will seek opportunities to commission, trial and evaluate cutting-edge interventions to prevent harm from alcohol. Through the Alcohol Cultural Change Grants initiative outlined in Focus area 1, VicHealth will build partnerships with innovators and alcohol prevention specialists to trial approaches aimed at achieving sustained outcomes.

Through applying behavioural insights we will explore bold, creative new ways to dismantle barriers to making better drinking choices.

We will continue to fund priority-driven research through the VicHealth research grant rounds.

10 YEAR

INFORM

Increase public support for better alcohol policies and practices

Through the Alcohol Culture Change Grants initiative, we will seek more support from the priority groups and subcultures for government, community and industry to undertake alcohol harm reduction action.

We will synthesise and disseminate research and evaluation findings on key alcohol policy issues through media and other avenues to reach the general public. Community mobilisation strategies will be considered to engender support for alcohol policy reform.

Policies and practices most likely to have a positive impact on health equity will be prioritised over those known to have a negative health equity impact.

FOCUS AREA 4

INTEGRATE

Strengthen policies and practices across industry and government

VicHealth will provide robust advice to government through informal and formal avenues. We will continue to participate on the Liquor Control Advisory Council and other relevant advisory groups and provide submissions and evidence to government on a range of alcohol issues.

Through a partnership with Cancer Council Victoria, we will provide legal policy capacity to the alcohol prevention sector and assist local councils and communities regarding municipal health planning and liquor licensing matters.

We will share evidence and research findings with policymakers and professional networks.

GOAL
200,000 more Victorians drink less alcohol

Monitoring and evaluation

Evaluation will be an essential component of the Alcohol Culture Change Grants Initiative and differential impact – the distribution of impacts according to social position – will be routinely measured.

As a public body, VicHealth is committed to ensuring our performance is measured against rigorous indicators that focus on both individual behaviour change and environmental change, which we believe will in turn lead to change in the behaviour of those who interact with those environments. VicHealth's Action Agenda Scorecard is the system used to track our progress towards achieving targets set in the VicHealth Action Agenda for Health Promotion, our 10-year goal of 200,000 more Victorians drinking less alcohol.

The VicHealth Indicators Survey and key national and state surveys will be used to monitor progress against our targets.

Developing the plan

During 2013 to 2016, VicHealth undertook work to inform the strategic and operational approach to deliver on the alcohol imperative. This work included:

- a statewide survey measuring various alcohol culture indicators (VicHealth 2014)

- an evidence review: the social determinants of inequities in alcohol consumption and alcohol-related health outcomes (VicHealth 2015)

- an examination of socioeconomic status and alcohol consumption in Australia: how individual and neighbourhood disadvantage relate to volume and pattern of drinking in the Australian population

- a review of key concepts and literature on defining and changing drinking cultures (Savic et al.2016)

- the development of a framework for alcohol culture in partnership with the Centre for Alcohol Policy Research and the Australian Drug Foundation and in consultation with the alcohol prevention sector (VicHealth 2016).

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VicHealth

VICTORIA
State
Government