

## **SUBMISSION TO THE COUNCIL OF AUSTRALIAN GOVERNMENTS' (COAG) MINISTERIAL DRUG AND ALCOHOL FORUM (MDAF) *Consultation Draft National Alcohol Strategy 2018-2026***

Thank you for the opportunity to provide a submission to the Council of Australian Governments' Ministerial Drug and Alcohol Forum (MDAF) *Consultation Draft National Alcohol Strategy 2018-2026*.

St Vincent's Health Australia also offers our support to the joint submission prepared by the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE) and the submission by the Alcohol Policy Coalition of which it is a member.

In 2016, St Vincent's Health Australia released a policy statement on reducing alcohol harm and violence, which covers many of the issues raised in the forum's consultation draft. Some further information on our position is below.

### **Australia's alcohol problem**

Alcohol harm in Australia is significant. Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisation.<sup>1</sup>

Every year in Australia more than 5,500 lives are lost and more than 157,000 people are hospitalised for chronic disease and injury caused by alcohol – that's 15 deaths and 430 hospitalisations *each day*. The burden of disease from alcohol grew by 62% over the decade to 2010.<sup>2</sup>

Heavy drinking puts the drinker at significant risk of harm including injury and death, and long-term health issues. But the impact is wider than just those drinkers. All Australians share the costs of alcohol-related harm – as family members, friends, colleagues and taxpayers.

### **St Vincent's experience with alcohol-related harm**

St Vincent's Health Australia operates two major tertiary public hospitals in New South Wales and Victoria. Every day, we treat the health impacts of harmful consumption of alcohol across the lifespan.

This includes:

- Disability and brain injury from early exposure to alcohol including harmful drinking in adolescence and maternal alcohol use in pregnancy.
- Injuries and trauma from alcohol-related accidents and violence (public and domestic) treated in our emergency departments, trauma wards, operating theatres and intensive care units.
- Chronic illness from long term alcohol consumption including cancers, heart and liver disease, cognitive impairment and dementia, and mental illness.

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<sup>1</sup> National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. {cited 2011 February 2} Available from: [www.nhmrc.gov.au](http://www.nhmrc.gov.au).

<sup>2</sup> Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

We have also delivered specialist alcohol dependence treatment services (residential and outpatient) for more than 50 years, making St Vincent's Health's public services the longest-standing of their kind in the nation.

Due to the location of our public hospitals near the entertainment and central business districts in both cities, St Vincent's Health Australia unfortunately has extensive experience with the impacts of alcohol-fuelled violence. We know first-hand that the flood of trauma and injuries presenting to our emergency departments as a result of alcohol is not only devastating for the victims of violence and their families, but comes at a huge cost to our hospital services and the community as a whole.

We also know that alcohol-related harm and violence can be prevented and its impact on all of us reduced. The evidence supporting policy change is compelling: the costs of doing nothing are very high; and the benefits of reducing harm substantial.

The voices of our senior clinicians are strong and in unison: as an organisation we have a responsibility to influence public policy at a system-wide level by sharing our experiences and offering informed, evidence-based guidance.

### **The draft National Alcohol Strategy**

Australia has had three national policies or strategies specifically focused on alcohol. Despite this, a recent report by FARE assessing progress in alcohol policy over the last 40 years, demonstrates that apart from the area of drink-driving, limited substantive progress has been made in alcohol policy.<sup>3</sup>

Australia needs a National Alcohol Strategy (NAS) that is going to achieve change, one that both reflects and fulfils Australia's commitment to a number of international agreements.

After more than six years since the last NAS expired, it is pleasing to see that COAG has incorporated feedback from the public health sector in its current draft.

However, the Consultation Draft is still not sufficient; it will not achieve the change we need as it does not contain clear priorities, commitments, timeframes and accountability mechanisms.

This will only be achieved with a commitment to evidence-based policy action by the MDAF and the adoption of a systematic approach to the implementation of policy priorities. This will require:

- A proven strategic framework with a focus on achievable policy action.
- An accountability system to monitor progress, backed by measurable performance indicators.
- Agreement about realisable policy interventions that can be jointly worked on by all governments.

While we have identified some welcome initiatives in the Consultation Draft, our overall assessment is that there remain serious omissions and it lacks significant detail on implementation.

We would like to comment on the areas within the draft strategy of most concern to St Vincent's Health, including some areas of specific interest.

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<sup>3</sup> Foundation for Alcohol Research and Education (2017). Australia, an intoxicated society – 40 years on from the Baume Report. FARE: Canberra

## 1. Treatment services

Australian governments invest just over \$1 billion in alcohol and drug treatment services each year<sup>4</sup> across all settings – public and private, community and inpatient – but it's still not enough: resources for public drug and alcohol services are critically overstretched and unmet demand is high.

The prevalence of alcohol use disorder in Australia is estimated to be between one-in-four and one-in-six adults<sup>5</sup> yet fewer than half of those seeking alcohol and drug treatment in Australia are currently able to access appropriate treatment – between 200,000-500,000 Australians – with the largest unmet demand in treatment for alcohol dependence.<sup>6</sup> This figure compares poorly to other comparable countries such as the UK, US and The Netherlands.<sup>7</sup>

In Australia there is an almost 20 year lag between someone developing an alcohol use disorder and first seeking treatment.<sup>8</sup>

Treatment services are a good investment – every dollar spent returns \$7 mainly in direct savings in health care and criminal justice costs.<sup>9</sup>

We believe Commonwealth, State and Territory governments must fund drug and alcohol treatment services more adequately to meet demand.

Alcohol treatment is an area of high unmet need and requires significant new investment, which should focus on where evidence of effectiveness is strongest, including:

- specific service types: residential rehabilitation; residential withdrawal; pharmacotherapies; counselling and other outpatient services; and
- population groups with high need: young people; elderly people; Aboriginal and Torres Strait Islanders; families, parents/carers with children, and women; people with co-morbid AOD and mental health problems; and those from culturally and linguistically diverse backgrounds.

There are a range of barriers to accessing specialist treatment places and outpatient services, particularly in regional communities. To tackle these the National Alcohol Strategy should articulate the need for:

- Increased efforts at raising public awareness regarding levels of alcohol consumption that are harmful to health, and when and where to seek help.
- Resources to encourage users into early treatment (to address 20 year lag between someone developing an alcohol use disorder and first seeking treatment), eg: by providing more funding for evidence-based brief interventions in hospital emergency departments; and assisting GPs and other primary care professionals routinely screen for unhealthy alcohol consumption and alcohol use disorder.
- Greater funding for treatment places and the training of generalist and specialist psychologists, social workers, nurses and counsellors. Training must include upskilling health professionals in

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<sup>4</sup> Ritter A., Berends L., Chalmers J., Hull P., Lancaster K., Gomez M. (2014). New Horizons: The review of alcohol and other drug treatment services in Australia. The National Drug and Alcohol Research Centre.

<sup>5</sup> Chapman, C., Slade, T., & Teesson, M. (2015). Delay to first treatment contact for alcohol use disorder. *Drug and Alcohol Dependence*, 145, 116-121.

<sup>6</sup> Ritter A., Berends L., Chalmers J., Hull P., Lancaster K., Gomez M. (2014). New Horizons: The review of alcohol and other drug treatment services in Australia. The National Drug and Alcohol Research Centre.

<sup>7</sup> Chapman, C., Slade, T., & Teesson, M. (2015). Delay to first treatment contact for alcohol use disorder. *Drug and Alcohol Dependence*, 145, 116-121.

<sup>8</sup> Chapman, C., Slade, T., & Teesson, M. (2015). Delay to first treatment contact for alcohol use disorder. *Drug and Alcohol Dependence*, 145, 116-121.

<sup>9</sup> Ettner SL et al (2006) Benefit-cost in the California treatment outcome project: does substance abuse treatment "pay for itself"? *Health Serv Res*. 2006 Feb; 41(1):192-213.

how to support families affected by the devastation caused by loved ones with alcohol use disorder. Too often, family and carers feel unsupported by the health system when it comes to managing a loved ones' needs. Isolation, stress, and depression among this group is common.

- Adequate numbers of specialist medical practitioners for referral from primary care. This will require an expansion of specialist treatment places, as well as specialist medical and nursing workforce capacity building, including a review of the current Medicare rebates for specialist addiction medicine practitioners.
- Expanding specialist outpatient services to enable access to prompt treatment and to provide post-withdrawal care and support.
- An expansion of 'access out of hours' and 'out of area' treatment through new technologies, such as specific funding for the establishment and evaluation of telehealth initiatives, and providing greater flexibility in how rural and regional services can spend funds to access services given the shortage of skilled professionals.
- Adequate funding for sufficient hospital inpatient beds and outpatient withdrawal services.
- Adequate funding for long-term residential rehabilitation services.
- Investment in innovative services for individuals with severe alcohol use disorder who are not responding to current treatments, eg: Managed Alcohol Programs; and residential services that cater for young people with alcohol-related acquired brain injury.

St Vincent's Health believes the National Alcohol Strategy should also specify targets related to alcohol treatment.

For example, targets should be set for both reducing the delay people with alcohol use disorder experience when accessing treatment, as well as for increasing treatment coverage, particularly among high need population groups (eg: older people).

## 2. Alcohol advertising and promotion

Alcohol is one of the most heavily promoted products in the world.<sup>10</sup> Alcohol advertising contributes to the normalisation of alcohol use and reinforces the harmful drinking culture that currently exists in Australia.<sup>11</sup> International and national research has shown that exposure to repeat high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking.<sup>12</sup>

Young people are particularly at risk of harm. Research shows a strong association between exposure to alcohol advertising and young people's beliefs, attitudes about alcohol and their drinking behaviour. In addition, the more alcohol advertising that young people are exposed to, the earlier they will start to drink, and the more they will consume if they already drink.<sup>13, 14, 15</sup> Further, ownership of alcohol branded merchandise among non-drinking children and adolescents predicts both early initiation to alcohol use and binge drinking.<sup>16</sup>

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<sup>10</sup> Jernigan D. (2010). The extent of global alcohol marketing and its impact on youth. *Contemp Drug Probl.* 37:57–89.

<sup>11</sup> Australian Medical Association (2012). *Alcohol Marketing and Young People: Time for a new policy agenda.* Canberra: AMA

<sup>12</sup> Anderson P, Baumberg B. *Alcohol in Europe: a public health perspective. A report for the European Commission.* Institute of Alcohol Studies, UK; 2006

<sup>13</sup> Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and Alcoholism* 44, pp. 229-43.

<sup>14</sup> Jones, S. and Magee, C. Exposure to alcohol advertising and alcohol consumption among Australian Adolescents. *Alcohol Alcsm.* 46(5):630-637. 2011.

<sup>15</sup> Snyder, L.B., Milici, F.F., Slater, M., Sun, H., and Strizhakova, Y. (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of Pediatrics and Adolescent Medicine* 160(1), pp. 18-24.

<sup>16</sup> Clure AC, Stoolmiller M, Tanski SE, Worth KA, Sargent JD. Alcohol-branded merchandise and its association with drinking attitudes and outcomes in US adolescents. *Arch Pediatr Adolesc Med* 2009 Mar;163(3):211-7.

Alcohol marketing in Australia is more prolific than ever, with an unprecedented number of platforms for advertising including through social media and the sponsorship of sporting and cultural events. The pervasive nature of alcohol marketing is evidence of the ineffective regulation under the current Liquor Promotion Guidelines. Features that appeal to minors, sexualised advertising and heavy discounting remain problems across Australia.

There is also moderate but consistent evidence to suggest that point of sale promotions are likely to affect the overall consumption of underage drinkers, binge drinkers and regular drinkers.<sup>17</sup> In Sydney takeaway liquor stores alone there is an average of 30 point of sale (POS) promotions at each outlet.<sup>18</sup> These promotions influence purchasing decisions and often result in individuals buying more alcohol than they planned to.<sup>19</sup>

There is significant community support for action to address alcohol advertising, with:

- 74% of Australian drinkers having been influenced by a promotion when purchasing alcohol.<sup>20</sup>
- 77% of parents and guardians with children under 18 years of age say their children have been exposed to alcohol advertising.<sup>21</sup>
- 68% of Australians support a ban on alcohol advertising on television before 8.30pm.<sup>22</sup>
- 55% of Australians believe that alcohol sponsorship should not be allowed at sporting events.<sup>23</sup>
- 63% believe alcohol advertising should be phased out from television during sporting broadcasts.<sup>24</sup>
- Three-quarters of parents support the introduction of policies to restrict unhealthy food, beverage and alcohol sponsorship of children's and elite sports.<sup>25</sup>

We are encouraged by the fact that the draft National Alcohol Strategy appears to recognise the current regulatory failures around alcohol advertising and promotion, particularly when it comes to the exposure of young people. We agree with the strategy's finding that the operation of the intersecting codes to protect young people from the impact of alcohol advertising is "ineffective".

St Vincent's Health's recommendations related to the appropriate advertising, promotion and marketing of alcohol feature later in this document.

### 3. Alcohol taxation

Australia's current alcohol taxation system is illogical, incoherent and does not adequately recognise the extent of harms that result from the consumption of alcohol. The most illogical part of the alcohol taxation system is the Wine Equalisation Tax (WET). Under the WET, wine and other fruit-based alcohol products are taxed based on their wholesale price, rather than alcohol content.

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<sup>17</sup> Meier P, Booth A, Stockwell A, Sutton A, Wilkinson A, Wong R, et al. Independent Review of the Effects of Alcohol Pricing and promotion. Part A: Systematic Reviews. The University of Sheffield; 2008.

Kuo M, Wechsler H, Greenberg P, Lee H. The marketing of alcohol to college students: the role of low prices and special promotions. *Am J Prev Med* 2003 Oct;25(3):204-11

<sup>18</sup> Jones S.C., Barrie L., Robinson, L., Allsop, S. & Chikritz T. (2012). Point-of-sale promotions in the Perth and Sydney metropolitan areas. *Drug and Alcohol Review* (31):803-808.

<sup>19</sup> Jones S.C. & Smith, K.M. (2012). The effect of point of sale promotions on the alcohol purchasing behaviour of young people in metropolitan, regional and rural Australia. *Journal of Youth Studies* 14 (8):885-900.

<sup>20</sup> Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

<sup>21</sup> Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

<sup>22</sup> Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

<sup>23</sup> Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

<sup>24</sup> Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

<sup>25</sup> Kelly B. *et al.* Views of children and parents on limiting unhealthy food, drink and alcohol sponsorship of elite and children's sports. *Public Health Nutrition* 16 (01): 130-135. 2013

All other alcohol products, such as beer and spirits, are taxed on a volumetric basis, albeit at different rates, with the amount of tax paid determined by the volume of alcohol within the product and the category of alcohol (for instance, full-strength packaged beer is taxed differently to spirits).

Australia's alcohol taxation system should be coherent, consistent and based on public health principles. Evidence consistently shows that alcohol consumption and harm are influenced by price.<sup>26</sup>

Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and its related problems. Evidence suggests that a 10 per cent increase in price is likely to lead to a five per cent decrease in consumption at population level.<sup>27</sup>

The Henry Review of Australia's tax system (Australia's Future Tax System) identified alcohol taxation as an appropriate measure for improving social outcomes because of the high costs imposed by excessive alcohol consumption.<sup>28</sup>

The Senate's Red Tape Committee is the most recent domestic body of note to recommend reform of Australia's alcohol taxation system.<sup>29</sup>

We support the draft strategy's recognition that alcohol taxation reform – including the introduction a cross-the-board volumetric tax – is necessary.

St Vincent's Health's recommendations related to the appropriate taxation of alcohol feature later in this document.

#### **4. Overarching concerns**

##### **a) Targets**

While the Consultation Draft's inclusion of the 10% reduction in harmful alcohol consumption target is welcome, this currently does not strike a balance between what is realistically achievable and what presents a 'challenge'. It is too modest by the standards of other public health goals for optional behaviour which involves risks. The range and magnitude of alcohol harm warrants adopting a more ambitious target.

For this reason, St Vincent's Health supports the recommendation of FARE and NAAA that this target align with the Australian Health Policy Collaboration (AHPC) Health Tracker 2025 target of a 20% reduction in harmful use of alcohol.<sup>30</sup>

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<sup>26</sup> Osterberg, E. 1995 "Do alcohol prices affect consumption and related problems" in H. Holder & G. Edwards (eds.) *Alcohol and Public Policy: Evidence and Issues*, Oxford University Press, Babor, T., R. Caetano, S. Casswell, G. Edwards, N. Giesbrecht, K. Graham, J. Grube, P.J. Gruenevald, L. Hill, H. Holder, R. Homel, E. Osterberg, J. Rehm, R. Room and I. Rossow (2003) *Alcohol: No Ordinary Commodity – Research and Public Policy*, Oxford University Press, Oxford. Chisholm, D., J. Rehm, M. Ommeren & M. Monteiro (2004) "Reducing the global burden of alcohol use: A comparative cost-effectiveness analysis" *Journal of Studies on Alcohol*, 65:782-793 Loxley, W., J. Toumbourou and T. Stockwell (2004) *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*, Australian Government DOHA Canberra Coate, D. and M. Grossman (1988) "Effects of alcoholic beverage prices and legal drinking ages on youth alcohol use" *Journal of Law and Economics*, 31:145-171 Chaloupka, F., M. Grossman and H. Saffer (2002) "The effect of price on alcohol consumption and alcohol-related problems" *Alcohol Research & Health*, 26:22-34.

<sup>27</sup> Wagenaar, A. et al (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* (2009);104(2):179-190 105.

<sup>28</sup> Henry, K. *Australia's future tax system: Report to the Treasurer*. Commonwealth of Australia 2010; 2009 Dec.

<sup>29</sup> Australian Senate, Red Tape Committee, Interim report, *Effect of red tape on the sale, supply and taxation of alcohol*, 29 March 2017

<sup>30</sup> Australian Health Policy Collaboration. (2016). *Australia's Health Tracker: a report card on preventable chronic diseases*

A strategy to “prevent and minimise alcohol-related harms” (Consultation Draft, p4) needs to specify reductions in alcohol harm as well as patterns and levels of alcohol consumption.

To strengthen accountability, St Vincent’s Health also recommends that the second-level indicators, that is, those listed under ‘Measures of Success’ of the Consultation Draft (p26), be further developed as a priority during the first three years of the NAS.

The NAS should specifically state that governments, in collaboration with the Alcohol Reference Group, commit to developing a reporting framework during the first three years of the strategy that:

- initially includes indicators and targets that align with the AHPC’s Health Tracker 2025 targets for alcohol;
- agrees to develop a fit-for-purpose system of performance measures;
- incorporates additional indicators and targets aimed at reducing rates of alcohol-related harm as well as boosting treatment services; and
- includes timeframes for implementation of actions.

This first step should be seen as an interim measure and part of a broader process aimed at strengthening Australia’s data collection in this area over the course of the NAS.

Adopting these targets and monitoring progress against the actions will contribute to closing the 20 year treatment gap.

#### b) No clear recommendations for change

There are no clear recommendations for action in the draft strategy, only optional measures that *could* be implemented.

While the Consultation Draft includes evidence-based measures that have been proven to be effective in preventing and minimising alcohol harm, it must be transformed into a results-focused strategy with clear commitments to action.

Given the NAS will be an eight-year strategy, a staged approach to implementation should be introduced. Each of the four priority areas should include two levels of actions:

- Initial actions – priority actions to be implemented in the first three years. These reflect specific commitments to action that may serve as stepping-stones for achievement of longer-term policy goals.
- Future actions – longer-term initiatives that will be given further consideration as the strategy progresses.

Each of the draft’s four priority areas should be underpinned by a robust monitoring and evaluation framework. In addition to key indicators and targets, this should also include a commitment to report on delivery of ‘priority actions’ by 2021.

Careful consideration should be given to mechanisms that will lead to the accomplishment of the agreed initial actions. These need to be specified in the NAS.

#### c) Roles and responsibilities of government

Action is required across all levels of government to prevent and minimise alcohol harm. Responsibility for alcohol policy is split across different levels of government, departments and agencies. While alcohol harm is a health issue, addressing this issue requires collaboration beyond the health portfolio.

However, the lack of accountability mechanisms in the draft strategy means there is no requirement for governments to commit to undertaking any meaningful action, nor work collaboratively to achieve a specific goal and/or exercise leadership where primary responsibility for a specific policy area exists.

While the Consultation Draft mentions the need for a 'cross-agency' response, it also fails to mention two Commonwealth agencies that can make a significant difference in preventing and minimising alcohol harm: The Treasury and the Department of Communications and the Arts.

Similarly, representatives from such agencies are not represented in the COAG Governance diagram (p25), nor is local government or those with responsibility for liquor licensing at the jurisdictional level.

To achieve change, the NAS must require all relevant governments, departments and agencies to work collaboratively and commit to undertaking specific actions within a specific timeframe. Priority actions for implementation should be outlined clearly in the NAS.

The obvious need for coordination should not obscure the fact that for many issues, one level of government has a primary responsibility for leading action, for example, the Commonwealth Government and alcohol taxation. Governments, departments and agencies should not use collective governance as an excuse for not exercising primary responsibility.

When it comes to the roles and responsibilities of government in strengthening the NAS, the MADF could learn from the approach taken by Australia's national road safety strategies.

Australia is considered a 'success story' and world leader in the area of road safety.

Australia's first National Road Safety Strategy was established by federal, state and territory transport Ministers in 1992, and provided a framework for national collaboration on road safety improvement that has evolved over the last two decades.<sup>31</sup>

St Vincent's joins with NAAA and FARE in recommending that the MDAF adapt and build on the National Road Safety Strategy 2011-2020 model/approach for the NAS, including the setting of ambitious overarching target/s.

The National Road Safety Strategy 2011-2020 states that: the targets set for this strategy are intended to strike a balance – reflecting the evidence about what can realistically be achieved in the next 10 years, but also presenting a significant challenge that will require commitment and innovation.<sup>32</sup>

Finally, the draft strategy fails to recognise the range of ways the alcohol industry currently influences national alcohol policy, including through the provision of political donations, the direct lobbying of parliamentarians, and participation in parliamentary inquiries.

Given the alcohol industry's vested interests, consideration should be given to implementing specific actions that enable independent and transparent national alcohol policymaking processes.

#### d) Implementation and timeframes

There is no detail on how the NAS will actually be implemented, including timeframes for action.

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<sup>31</sup> Australian Transport Council. (n.d.). National Road Safety Strategy 2011-2010. Retrieved from [http://roadsafety.gov.au/nrss/files/NRSS\\_2011\\_2020.pdf](http://roadsafety.gov.au/nrss/files/NRSS_2011_2020.pdf)

<sup>32</sup> Australian Transport Council. (n.d.). National Road Safety Strategy 2011-2010. Retrieved from [http://roadsafety.gov.au/nrss/files/NRSS\\_2011\\_2020.pdf](http://roadsafety.gov.au/nrss/files/NRSS_2011_2020.pdf)

In order to transform the Draft Strategy from a 'recipe book' of measures to a results-focused strategy with clear commitments to action, St Vincent's Health joins with FARE and NAAA in recommending that relevant governments, departments and agencies commit to implementing the following 'Initial actions' by 2021.

The 'Initial actions' to be implemented during the first three years of the strategy are identified below for each of the strategy's four priority areas.

St Vincent's joins with FARE and NAAA in also recommending that the NAS prioritise a prevention approach and elevate 'Priority 2: Managing availability, price and promotion' to Priority 1.

#### Priority 1 – Managing availability, price and promotion

##### Price

- That the Commonwealth Government agree in principle to introducing a volumetric tax for wine and other fruit- and rice-based alcoholic products.
- That the MDAF, establish a specific purpose Intergovernmental Committee taskforce, to be advised by eminent economists, taxation and public health experts, for the purpose of providing advice on reform of taxes on alcoholic beverages.
- That this taskforce oversees preparation of a Green Paper on alcohol pricing (taxation and minimum unit prices) reform options that includes identification of options for transitioning to a volumetric system for all alcoholic products and the need for a floor price on alcohol.
- That the governments of South Australia and New South Wales collect state-wide wholesales and producer alcohol sales data at the transaction level detailing alcohol type, volume and cost, as well as the purchasers' retail licence number.
- That the Commonwealth Government agree in principle that a proportion of revenue from appropriately taxed alcohol be directed towards initiatives that prevent alcohol-related harm (eg: an 'Alco-line' support hotline, similar to Quitline for smoking); provide support for people with alcohol-related problems; and conduct research into the prevention and treatment of alcohol-related harm.

##### Promotion

- That the Commonwealth Government agree to end the alcohol advertising exemption during children's viewing times on free-to-air commercial television.
- That an intergovernmental committee be established to undertake a review of alcohol advertising regulation across all forms of media. This should include identification of options for transitioning towards a single national advertising code that is independently regulated.

##### Availability

- That state and territory governments introduce restrictions on the number and location of liquor licences to reduce alcohol-related family violence.
- That state and territory governments introduce restrictions on the time of sale and purchase of alcoholic products, including trading hours.

- That state and territory governments introduce a risk-based licensing fee system for all licence types that (as a minimum) offsets the cost of alcohol-related harm borne by government and the community. At a minimum, a system should calculate fees according to licence type, occupancy, trading hours, location, volume of gross liquor sold and number of licences owned by an operator.

#### Priority 2 – Improving community safety and amenity

- That state and territory governments strengthen implementation and enforcement of liquor licensing and local government planning and requirements relating to both off- and on-licence sale of alcoholic beverages.
- That state and territory governments continue drink-driving laws and Blood Alcohol Concentration (BAC) limits, as well as strengthen enforcement and public information concerning drink-driving countermeasures, as needed.

#### Priority 3 – Supporting individuals to obtain help and systems to respond

- That governments address the level of unmet need in the area of alcohol treatment services by significantly boosting investment in areas where evidence of effectiveness is strongest.
- That the Commonwealth Government implement the National FASD Strategic Action Plan.
- That the Commonwealth Government protect children from being born with a preventable lifelong disability by establishing a \$10 million national public awareness campaign over four years to raise awareness about the risks of drinking alcohol during pregnancy.
- That the Forum on Food Regulation immediately commence the process of mandating pregnancy warning labels on all alcohol products.

#### Priority 4 – Promoting healthier communities

- That the Commonwealth Government fund a nation-wide public education campaign to highlight the harms associated with alcohol consumption and strategies that individual can use to minimise their risk (\$100 million over four years).