

The areas where little or no progress has been made are those that predominantly involve coordination between the Commonwealth Government and the States and Territory Governments. These include actions that relate to developing coordinated or best practice approaches to liquor licensing legislation, secondary supply and enforcement.

The study also identified that there are many areas where work being undertaken by Governments is ad hoc or time limited. For example the *Be the Influence* campaign only has funding until the financial year ending June 2014. The ad hoc nature of these actions is problematic because they do not provide a comprehensive or long term solution to preventing alcohol-related harms.

Conclusion




This study demonstrates that four years after the release of the Strategy, little progress has been made in achieving the alcohol-specific actions. Stronger leadership is required at the Commonwealth Government level to progress the actions outlined in the Strategy, and greater coordination of State and Territory Governments is needed. A revised *National Alcohol Strategy* with clear governance structures is required to ensure that alcohol harm prevention policies are progressed in the future.

To see the full research report for this study visit www.fare.org.au.

The approach

This study assessed the progress made against the alcohol-specific actions of the Strategy in the four years since the Strategy was released. In undertaking this analysis, this study draws on information contained in the Commonwealth Government's response to the Strategy released in May 2010, as well as information contained on Government websites, in ANPHA's Operational Plans and from other institutions outside of Government that undertake work in alcohol harm prevention.

The study then classified the actions as having been completed, being progressed or not being progressed. The table below provides an overview of the approach to the classification.

Progress made	Explanation	Colour code
Action not being progressed	No progress has been made against this action and/or the Commonwealth Government has indicated that this action will not be progressed.	
Action being progressed	The action has not been fully implemented but some activities have been taken which can be interpreted as progress towards this action. When responsibility is with State or Territory Governments, this may also mean that some governments are have progressed the recommendation, while others are not.	
Completed	The action has been implemented in full.	

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has invested more than \$115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

¹ National Preventative Health Taskforce, Australia: The Healthiest Country by 2020 - National Preventative Health Strategy - The Roadmap for Action, 30 June 2009, p. 268. Accessed at: <http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap>

² Australian Government Department of Health and Ageing, New health taskforce on prevention - Tobacco, alcohol and obesity priorities, 9 April 2008. Accessed at: <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-y08-nr-nr046.htm>

A red light for preventive health

Assessing progress against the Preventative Health Strategy's actions on alcohol



Overview

- It has been four years since the Preventative Health Taskforce released its report *Australia: The healthiest country by 2020 - National Preventative Health Strategy - Roadmap for Action (the Strategy)*.
- The Strategy included 32 alcohol-specific actions across eight key priority areas.
- Since the Strategy was released Australian Governments have completed four of the alcohol-specific actions, made some progress against 18 of the actions and have not progressed 10 of the actions.

Introduction

In September 2009 the Preventative Health Taskforce (the Taskforce) released its final report, *Australia: The Healthiest Country by 2020 - National Preventative Health Strategy - The Roadmap for Action (the Strategy)*.¹ The role of the Taskforce, as specified by the then Minister for Health and Ageing, the Hon Nicola Roxon MP, was to 'develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity, as well as producing a National Preventative Health Strategy'.² The Strategy outlined an eleven-year plan to reduce the burden of chronic disease in Australia, including 32 alcohol-specific 'actions'.

Findings

The study concluded that of the 32 actions specified, four had been completed, 18 had some progress against them and ten had not been progressed.

Key achievements by Australian Governments over the four year period include the development of the *Be the Influence* campaign by the Australian National Preventative Health Agency (ANPHA), which provides replacement funding for National Sporting Organisations that agree to forgo alcohol industry sponsorship and progress made to introduce pregnancy warning labels for alcohol through the Food Labelling Review and Legislative and Governance Forum on Food Regulation.

Progress made against the Preventative Health Strategy's actions on alcohol

Report Card



Action not being progressed

Action being progressed

Completed

Action Area	Progress against action
1.1 States and Territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws.	
1.2 Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations.	
1.3 Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations.	
1.4 Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.	
1.5 Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls to: estimate and take into consideration the impact of proposed new alcohol outlets on outlet density levels, the health and safety of the local community, and neighbourhood amenity prior to granting a licence etc.	
1.6 Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.	
1.7 Support the above [actions] through: partnerships with health and law enforcement groups and the alcohol beverage and related industries, such as alcohol retailers, hoteliers, licensed clubs, local communities, and major event organisers; and data collection and monitoring of alcohol sales, policing, and health and social impacts.	
2.1 Develop and implement a comprehensive and sustained social marketing and public education strategy at levels likely to have significant impact, building on the National Binge Drinking Campaign and state campaigns.	
2.2 Embed the main themes and key messages within a broad range of complementary preventative health policies and programs, such as schools and tertiary education settings etc.	
2.3 Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries, including offering regular basic health checks for employees.	
3.1 In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including: advertising during live sport broadcasts; advertising during high adolescent/child viewing; sponsorship of sport and cultural events, (e.g sponsorship of professional sporting codes; youth-oriented print media; internet-based promotions) etc.	
3.2 Introduce enforceable codes of conduct requiring national sporting codes to take greater responsibility for individuals' alcohol-related player behaviour.	
3.3 Require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol, including: the current NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol etc.	
3.4 Require counter-advertising (health advisory information) that is prescribed content by an independent body within all alcohol advertising at a minimum level of 25% of the advertisement broadcast time or physical space.	
4.1 Commission independent modelling under the auspices of Health, Treasury and an industry panel for a rationalized tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.	

Action Area	Progress against action
4.2 Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promote safer consumption.	
4.3 Direct a proportion of revenue from alcohol taxation towards initiatives that prevent alcohol-related societal harm.	
5.1 Increase access to health services for Indigenous people who are drinking at harmful levels through: providing resources to primary healthcare providers etc.	
5.2 Support local initiatives in Indigenous communities, including: restricting the physical availability of products; reduce the number, density and/or opening hours of licensed premises in areas of high alcohol-related harm etc.	
5.3 Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.	
5.4 Establish and fund a multi-site trial of alcohol diversion programs.	
5.5 In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.	
6.1 Enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems by: reviewing the incentive structure for alcohol-related health checks in the primary healthcare settings that are both universal and targeted at high-risk groups etc.	
6.2 Develop a more comprehensive network of alcohol-related referral services and programs to support behaviour change in primary healthcare by: implementing quality standards and an accreditation system etc.	
6.3 Increase access to primary healthcare services and improve health outcomes for hard-to-reach disadvantaged individuals who are at risk of alcohol-related health problems.	
7.1 Protect the health and safety of children and adolescent brain development by: developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/ guardian consent etc.	
7.2 Support parents in managing alcohol issues at all stages of their children's development through community-level approaches including: broad dissemination and implementation of the NHMRC guidelines on the risks of alcohol consumption for young people aged under 18 years and for women who are pregnant or breastfeeding etc.	
7.3 Measure the impact of harmful consumption of alcohol on families and children by ensuring all population surveys that collect data to monitor drug use and drug trends across Australia collect information on parental status or childcare responsibilities of drinkers.	
8.1 Develop a system for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations.	
8.2 NPA to define a set of essential national indicators on alcohol consumption and health and social impacts by reviewing what is currently available and what is also required.	
8.3 Expand the collection of patterns of drinking data to include place of drinking, duration of drinking occasion, and reasons for drinking.	
8.4 Improve utilisation of key datasets on the harm to drinkers and harm to others.	