Foundation for Alcohol Research & Education

FARE submission to the national consultation on the *Draft National Preventative Health Strategy*

Online Submission; 19 April 2021

The Foundation for Alcohol Research and Education (FARE) is a not-for-profit organisation working towards an Australia free from alcohol harms. Together with values-aligned organisations, health professionals, researchers and communities across the country, we develop evidence-informed policy, enable people-powered advocacy and deliver health promotion programs.

1. Do you agree with the vision of the Strategy?

Strongly Agree.

FARE strongly agrees with the vision of the Strategy and are pleased to see that the Strategy vision addresses the broader causes of poor health and wellbeing.

2. Do you agree with the aims and their associated targets for the Strategy?

Strongly Agree.

3. Do you agree with the principles?

Agree.

Recommendation: The NPHS includes supportive environments as a seventh principle.

FARE agrees with the principles presented in the Strategy. FARE note that the previous consultation paper identified environments supporting health and healthy living as a goal of the Strategy. While the five other goals identified in the previous consultation paper are reflected, as principles, in this current Strategy paper along with the addition of the equity lens (which FARE supports), the removal of supportive environments in this iteration of the Strategy is a notable omission.

Supportive environments are essential to achieving the Strategy's overarching vision and the aim for Australians living as long as possible in good health. FARE strongly supports and commends the identification and discussion of the wider determinants of health, particularly through the 'knowing the causes' section of the Strategy. Through discussing the wider determinants of health, the Strategy acknowledges the importance of supportive environments as a contributor to health and wellbeing. Including supportive environments as a principle in the Strategy will better integrate a determinants of health lens into the core of the Strategy to encourage preventative health action addressing health-promoting environments.

4. Do you agree with the enablers?

Strongly Agree.

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5. Do you agree with the policy achievements for the enablers?

Agree.

Recommendation: The NPHS includes “Methods and media for dissemination of health information is evidence-based” as a sixth policy achievement under the enabler ‘Information and health literacy’.

FARE commends the Strategy’s identification of the need to protect public health policies and strategies from the influence of vested commercial interest, identified under the partnerships and community engagement enabler. Harmful industry stakeholders (e.g. alcohol, tobacco and unhealthy food companies), who hold commercial interest in selling the products to be regulated, inherently hold a conflict on the topic of regulatory measures. Harmful industry stakeholders are likely to prioritise their profits over public health and as such will seek to prevent, undermine, or delay the introduction of regulatory measures. When it is not possible to prevent reforms from occurring, harmful industry stakeholders lobby for and adopt measures that are often ineffective.[1] We have seen this, for example, with alcohol companies and lobby groups continued attempt to delay and obstruct policies aimed to reduce alcohol harm.

FARE supports the inclusion of information and health literacy as an enabler but notes that the policy achievements primarily focus on health literacy. FARE supports the policy achievement of consumers being informed by a national platform that provides credible, evidence-based health information. FARE recommends that a further policy achievement is added for evidence-based dissemination of information, to ensure effective delivery methods of health information are executed. For example, health warnings on the packaging of harmful products such as alcoholic products.

6. Do you agree with the seven focus areas?

Strongly Agree.

Recommendation: THE NPHS specifically acknowledges commercial determinants contributing to harmful alcohol use in the ‘reducing alcohol and other drug harm’ focus area.

FARE strongly agrees with the inclusion of ‘reducing alcohol and other drug harm’ as a focus area of the Strategy. As acknowledged within the Strategy, alcohol use significantly contributes to preventable burden of disease and injury in Australia. FARE strongly agrees that preventative action to reduce harm from alcohol use should address harm reduction, demand reduction and supply reduction, as is also acknowledged in the Strategy.

FARE also support the acknowledgement of social and structural determinants contributing to harmful alcohol use in the ‘reducing alcohol and other drug harm’ focus area. Given the high level of influence that alcohol companies and lobby groups have in Australia, the ‘reducing alcohol and other drug harm’ focus area should also refer to the commercial determinants contributing to harmful alcohol use. This inclusion will also align well with the ‘knowing the causes’ section of the Strategy, better integrating this lens throughout the Strategy.

7. Do you agree with the targets for the focus areas?

Disagree.

Recommendation: The NPHS includes the following 5 targets for reducing alcohol harm within the 'reducing alcohol and other drug harm' focus area:

1. 10% reduction in risky alcohol use by Australians (≥14 years) by 2025
2. 20% reduction in young people (aged 14-17 years) using alcohol by 2030
3. 1 year increase in the average age at which young people (14-24 years) first try alcohol by 2030
4. 20% reduction in women who use alcohol while pregnant by 2030
5. 20% reduction of women using alcohol while breastfeeding by 2030

FARE is pleased to see a target within the 'reducing alcohol and other drug harm' focus area which addresses alcohol use. The target for a 10% reduction in risky alcohol use by Australians (≥14 years) by 2025 is consistent with the National Alcohol Strategy and the WHO Global Action Plan for Prevention of NCDs 2013-2020. FARE is also pleased to see that risky alcohol use has been defined using the 2020 Australian Guidelines to Reduce Health Risks from Drinking Alcohol as drinking more than 10 standard drinks a week and more than 4 standard drinks on any one day (p.72-73). FARE recommends that this alignment with the Alcohol Guidelines can be made more explicit by referring to 'risky alcohol use' in this target.

Table 8 in the Strategy notes that the baseline data for measuring this target, which currently reflects only lifetime risk of alcohol harm defined as per the 2009 iteration of the Alcohol Guidelines, may change in line with the updated 2020 Alcohol Guidelines. The Australian Institute of Health and Welfare have recently released an updated measure of harmful alcohol use to align with Guideline 1 of the 2020 Alcohol Guidelines, capturing both the 10 standard drinks a week and 4 on any one day thresholds. This updated measure, which reflects that in 2019, 32% of Australians aged 14+ used alcoholic products at risky levels, should be used in the final iteration of the Strategy.[2]

FARE strongly recommends that further targets are set in the Strategy to address risky alcohol use in Australia, particularly through inclusion of targets that address Guidelines 2 and 3 of the 2020 Alcohol Guidelines.

Guideline 2 of the 2020 Alcohol Guidelines state that people under 18 years of age should not drink alcohol, in order to reduce their risk of injury and other harms to health. As noted in the Strategy, there has been a significant reduction in alcohol use by young people (both through abstaining and delaying the age of first alcohol use) since 2010. However, the downward trend in alcohol use by young people plateaued in 2019[2] and concerted effort is needed to continue to drive this trend down. Between 2010 and 2019, there was a 21.9% decrease in young people (aged 14-17 years) that had used alcohol in the previous 12 months (from 52.1% to 30.2%)[2] and a 1 year increase in the average age at which young people (aged 14-24 years) first tried alcohol (from 15.2 years to 16.2 years).[3] The Strategy should strive for at least the same decrease in young people using alcohol and in the average age of first trying alcohol over the 9 year period of the Strategy. Including these targets will also align well with the Strategy's policy achievement of delaying the age of onset of alcohol use to reduce harm to young people across their later years, which FARE supports.

Guideline 3 of the 2020 Alcohol Guidelines address women who are pregnant or breastfeeding. The Strategy acknowledges the importance of addressing alcohol use during pregnancy and that alcohol use during pregnancy can lead to Fetal Alcohol Spectrum Disorder. The Strategy also appropriately

cross references to the National FASD Strategic Action Plan. However, there are no policy achievements or targets set for this topic. Including a policy achievement and setting a target for this topic would work to address the Strategy's aim of Australians having the best start to life.

Between 2013 (earliest data point provided) and 2019, the proportion of women who used alcohol while pregnant decreased by 12.1% (from 41.8% in 2013 to 29.7% in 2019).[2] In line with this trend, we should aim to see at least the same decrease by 2030. Between 2013 and 2016, the proportion of women who used alcohol while breastfeeding decreased by 7.1% (from 48.9% to 41.8%) but this then increased back to 48.3% in 2019.[2] We should seek to reverse this trend and aim to see a decline in line with what we have seen with people who are pregnant.

Additionally, the paragraph in the Strategy discussing alcohol use and pregnancy should be updated to reflect the 2020 Alcohol Guidelines, changing the wording from "for women who are pregnant, planning a pregnancy or who are breastfeeding, not drinking is the safest option" to "to prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol".

Clear targets should also be set to address other alcohol policy achievement areas included in the 'reducing alcohol and other drug harm' focus area, for example addressing the restriction of availability and promotion of alcohol products.

8. Do you agree with the policy achievements for the focus areas?

Agree.

Recommendations: Under the focus area 'reducing alcohol and other drug harm'

1. Create a stand-alone policy achievement for alcohol availability: Alcohol availability is restricted through regulation of outlet location, size and density, and online sales and delivery of alcohol.
2. Expand the policy achievement for restricting exposure of alcohol marketing: Restrict exposure to alcohol marketing for young people under 25 years of age, including through digital media, through independent legislative controls.
3. Create a stand-alone policy achievement for promoting the Alcohol Guidelines: The NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol are promoted using evidence-based and credible mass media campaigns.
4. Include the policy achievement: Pricing policies are implemented that reduce risky alcohol use.
5. Include the policy achievement: Public health policies and strategies are protected from alcohol industry involvement and interference.

FARE welcomes the policy achievements listed in the 'reducing alcohol and other drug harm' focus area. FARE strongly supports restricting alcohol availability and promotion and the need to promote the Australian Alcohol Guidelines. Some policy achievements are overarching statements and principles which need detail about how these will be achieved and some contain multiple policy areas that are more suited to stand-alone policy achievements. FARE notes that the policy achievements exclude important actions for a comprehensive strategy to reduce harm from alcohol, such as pricing policies. FARE make the below comments and recommendations.

Availability: FARE is pleased to see the Strategy refers to the density and location of alcohol outlets as adverse factors impacting health (p13). The WHO identifies restricting alcohol availability as one of the most efficient and effective strategies to minimise the harmful use of alcohol.[4] There is strong evidence showing that restricting alcohol availability is an effective strategy to reduce risky alcohol use and related harms, including injury, hospital admission, assault and homicide.[5-10] FARE recommends that restricting alcohol availability is presented as a stand-alone policy achievement and that the policy achievement addresses regulation of outlet location, size and density, and online sales and delivery of alcohol.

Promotion: FARE strongly supports the policy achievement of restricting exposure to alcohol marketing, including through digital media. Young people are exposed to significant amounts of alcohol advertising[11, 12] and research consistently shows that exposure to alcohol advertising is associated with initiation of alcohol use and amount of alcohol used by young people, including young adults.[13-16] FARE recommends that the policy achievement for restricting exposure to alcohol marketing be expanded to include young people under 25 years of age. Expanding the audience will align with the National Alcohol Strategy which identifies both teenagers and young adults as a priority population group disproportionately impacted by harms from alcohol use.

Alcohol advertising is largely self-regulated by the alcohol industry in Australia, predominantly through the Alcohol Beverages Advertising Code Scheme (ABAC). Research consistently shows this to be ineffective at reducing exposure to alcohol advertising by people most at risk of harm from alcohol use, including young people.[12, 17-21] The ABCA Advisory Committee has alcohol industry members, except for a representative of the Department of Health. The Department of Health should not be involved in this Committee as it is in contradiction to the principle of protecting public health policies from the influence of vested commercial interests, identified in the Strategy. Alcohol marketing regulation is needed through independent legislative controls, and this should be reflected in the marketing policy achievement.

Alcohol Guidelines: FARE would like to note that promoting the Alcohol Guidelines is not an example of restricting availability and promotion of alcohol. FARE strongly supports the inclusion of evidence-based and well-funded promotion the Alcohol Guidelines as a policy achievement in the Strategy, but recommends that it appear as a stand-alone policy achievement.

Pricing policies: Addressing the pricing of alcohol products is a notable omission from the 'reducing alcohol and other drug harm' focus area and associated policy achievements. Pricing policies are one of the most effective ways to reduce harms related to alcohol use.[22, 23] Research consistently shows that increases to the price of alcohol results in reduced alcohol use and reduced alcohol related harms.[13, 24-27] Policies that reduce the affordability of alcohol significantly reduce the rate of alcohol-related disease and injury.[27] Inexpensive alcohol products are commonly used by people who are at the most risk from alcohol related harms.[13, 28-31] An Australian study found that the 10% of Australians with the heaviest alcohol use are more likely to purchase and use cheaper alcoholic products and are more likely to put themselves and others at risk of harm.[29] People with the heaviest alcohol use are also more responsive to price of alcoholic products.[30, 31] Therefore, policies that reduce the affordability of alcoholic products not only help to reduce population alcohol use, but are likely to reduce alcohol use among people who are at most risk from alcohol related harms.

The Strategy refers to the need to learn from previous successful preventative health measures and provides the example of tobacco control, which used taxation as a method to achieve the tremendous success we have seen to date in reducing tobacco smoking in Australia (p23). The Strategy also notes the economic benefits of introducing taxation increases (p21). Further, pricing policies are a key recommendation for reducing harms from alcohol use made in the National Alcohol Strategy, the Global NCD Action Plan 2013-2020 and the Global Strategy to Reduce the Harmful Use of Alcohol. FARE recommends that the Strategy include a policy achievement for implementing pricing policies that reduce risky alcohol use. This will provide consistency within the Strategy itself and between the NPHS and other national and international strategies.

Conflict of interest: FARE strongly supports the policy achievement of protecting public health policies and strategies from conflicts of interest, presented under the enabler of 'partnerships and community engagement'. As per the policy achievement under the 'reducing tobacco use' focus area, FARE recommends that protecting public health policies and strategies from alcohol industry involvement and interference should be specified as a policy achievement under the 'reducing alcohol and other drug harm' focus area.

9. Do you agree with this section of the Strategy?

Agree.

Recommendation: Allocate responsibility for implementation of the Strategy to levels of government, departments and agencies.

Recommendation: Remove references to industry as a prevention partner from the NPHS.

FARE agrees that it is important to acknowledge the breadth of existing preventative health work being undertaken across government, non-government and community organisations. FARE recommends that this section of the strategy acknowledge the need for allocating responsibility for the implementation of the Strategy to levels of government, departments and agencies. In so doing, the Strategy will go beyond acknowledging the many actors in the prevention system to suggesting a coordinated and cohesive suite of activities contributing to prevention.

Industry must be removed as a prevention partner depicted in Figure 6 (p66, and also in the figure on p7). A reference to industry may suggest that all industry stakeholders are prevention partners; this is not the case for harmful industry stakeholders (e.g. alcohol, tobacco and unhealthy food companies), who prioritise profits over public health. As the Strategy identifies, public health policies and strategies should be protected from industry stakeholders who hold vested commercial interests (p36). Industry should not be presented alongside the prevention partners listed, so not to create any confusion of industry stakeholders with vested commercial interests being prevention partners when they are not.

10. Please provide any additional comments you have on the draft Strategy.

Lacking from the current iteration of the Strategy, is a clarity in actions and responsibility for actions. In the blueprint for action (noted on p67), FARE would like to see an action and implementation plan to ensure that the policy achievements and targets set in the Strategy are met. This should set out specific actions and timeframes and allocate responsibility for implementation to levels of government, departments and agencies.

FARE strongly supports the ‘knowing the causes’ section of the Strategy and is pleased to see the inclusion of commercial determinants of health within this section. The focus on ‘health enhancing’ features of products does not sufficiently address the effect of supply chains on health. The development of products that are detrimental to health are certainly well placed under having adverse effect on health. Omitted from the supply chain determinants of health, are market concentration and pricing of products. For example, a market highly concentrated with harmful products, or a location with high density of outlets selling harmful products (e.g. alcoholic products), especially cheap harmful products, are going to have an adverse impact on health. Additionally, within the commercial determinants of health section, it is stated that ‘the commercial sector could play a pivotal role in positively shaping the health outcomes of Australians by aligning their strategies to the health and wellbeing goals of society’ (p17). As identified in the Strategy, public health policies and strategies must be protected from the influence of vested commercial interest, this includes harmful industry stakeholders who hold commercial interests in selling the products to be regulated. The only role that the commercial sector can and should play in positively shaping the health outcomes of Australians is to adopt, in a timely manner, Government led public health policies and strategies which have been developed independent of industry stakeholders with vested commercial interests and to not interfere with the development and implementation of such measures.

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