

**TASKFORCESUBMISSION:** submission

**NAME:** Robin Room

**POSITION:** Acting Director

**ORGANISATION:** Turning Point Alcohol & Drug Centre

**SUBMISSION1:** Turning Point Alcohol and Drug Centre (TP) fully supports the focus on alcohol in the National Preventative Health Taskforce's plan. TP agrees with the priorities emphasised by the Taskforce in the discussion paper, and recognises the need for approaches aiming both at reducing general alcohol availability and at addressing the cultural place of alcohol in Australian society.

TP hopes that the establishment of the National Preventative Health Taskforce will result in action to reduce alcohol-related harms, which are presently at high levels requiring effective responses from Government, the industry and the broader community. Areas that should be focussed on initially by the Taskforce include:

- A clear and consistent taxation regime for alcohol, with a tiered volumetric approach, applying higher tax rates to beverages most associated with negative health outcomes.
- Consistent national liquor licensing systems, with an emphasis on public health as an aim of licensing legislation and policy, incorporating the consistent evidence of the links between alcohol outlet density and trading hours and alcohol-related harm.
- A more rigorous and consistent approach to the enforcement of current liquor licensing regulations, particularly the sale of alcohol to intoxicated and underage persons
- The development of an alternative to the current self-regulation by the alcohol industry of alcohol advertising, including limits on the amount and timing of alcohol advertising and promotion, and effective means of enforcement.
- The phasing out of alcohol sponsorship of sporting and other major events.

TP agrees with the discussion paper's inclusion of strategies aimed at high-risk groups. However, there is increasing evidence that alcohol policies that aim to reduce harm across the entire community (such as increases in alcohol taxation or reduction in trading hours) often have disproportionately positive impacts on marginalised or high-risk subgroups of the population. Thus the areas for action noted above may in fact be the most effective means of reducing harm in high-risk groups.

The discussion paper's emphasis on social marketing and public education programs is also noted. TP notes that the evaluation experience with these in the alcohol field has been uniformly disappointing. The cultural positions of alcohol and tobacco differ, and encouraging experience from tobacco may not translate to alcohol. Funding in this area should be tied to pilot

demonstration projects, where the effectiveness of an approach is demonstrated before substantial funding is committed to full implementation.

TP welcomes the idea of the long-term targets set by the Preventative Health Taskforce as a means of ensuring real progress is made in the three target areas. We broadly support the goal of reducing harmful drinking by 30%, but note that this measure needs both a more concrete definition and reliable measurements. Survey-based measures of alcohol consumption can be quite imprecise, and recent trends in alcohol-related harms amongst Victorian young people have not been reflected in survey-based measures of drinking (Livingston, 2008). Trends in survey-based measures may reflect trends in societal reactions to alcohol as well as direct adverse affects of drinking. With this in mind, the Taskforce should consider using, along with survey-based indicators, such measures as alcohol-related hospitalisations and total population consumption as benchmarks and targets.

TP urges that substantial funding for evaluation and research accompany actions to reduce harms from alcohol. Evaluation of policy initiatives should be routinely funded along with the funding of the initiative, so that further policy consideration and action can proceed on a firm evidence base.

Livingston, M. (2008) Recent trends in risky alcohol consumption and related harm against young people in Victoria, Australia. ANZ J. Pub. Health 32:266-271

**PRIVACY:** yes

**SUBMIT:** Submit