Foundation for Alcohol Research & Education

ACT Drug Strategy Action Plan 2018-2021

August 2018

STOPPING HARM CAUSED BY ALCOHOL

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventive health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harm by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

FARE is guided by the World Health Organization's (WHO) (2010) *Global strategy to reduce the harmful use of alcohol* for stopping alcohol harm through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

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Summary

Alcohol is the fourth highest risk factor leading to ill health in the ACT. It accounts for 4.2 per cent of the total burden of disease in Canberra, and is the leading contributor to disease burden for those 15-45 years of age.[1] Acute harm from alcohol continues to increase, with presentations to ACT emergency departments due to alcohol-attributable injuries and the toxic effects of alcohol trending upwards since 2012,[2] and the rate of injuries attributable to alcohol increasing by 37 per cent between 2010-11 and 2014-15.[3]

Given the seriousness of the problem, the ACT Government is to be commended for its commitment to tackling alcohol harm in the ACT, evident in the Draft Strategy Action Plan (the Action Plan). Given the delay in the National Alcohol Strategy – missing in action since 2011 – it is crucial that the ACT shows strong leadership in the area and ensures that the health of the ACT community is supported through action on alcohol. Simultaneously, it is important that the ACT is ready to join with others at a national level, and it is pleasing to see that the Action Plan aligns with the National Drug Strategy and with the draft National Alcohol Strategy (due to be finalised before the end of the year).

While FARE is strongly supportive of the Action Plan overall, FARE has identified a number of ways in which the Action Plan should be strengthened. The first part of our submission looks to the overarching principles of the Action Plan and makes suggestions to strengthen targets, actions and data. In order to build a safe, healthy and resilient community in the ACT, the Action Plan must be anchored deeply in the ACT context. This requires ACT-specific targets, supported with ACT data and evidence. Where data is lacking, the Action Plan should make strong commitments to improving data collection. The recent implementation of the *Driving Change* programs at ACT hospitals is an exemplar, which needs to be replicated in other areas such as crime and sales data. Without strong baseline data it is impossible to measure progress and evaluate specific actions.

Stronger data will support stronger evaluation. FARE supports the current governance arrangements, and in particular the appointment of the Expert Advisory Group. However FARE is concerned that without strong, measurable targets for the Action Plan as a whole, as well as specific action items established from the initiation of the Action Plan, the Action Plan and its evaluation will not reach maximum efficacy.

FARE strongly supports the harm minimisation approach of the Action Plan, which is consistent with other national strategies and international best practice with its focus on the three pillars of demand reduction, supply reduction, and harm reduction. Disappointingly the Action Plan itself is largely silent on the supply reduction pillar, with only one alcohol-specific supply reduction measure (secondary supply) proposed. As supply reduction is one of the most effective methods of curbing alcohol harm, FARE strongly supports further action on supply and has made suggestions under Area H below.

The second part of our submission examines the proposed actions in detail, and presents suggestions to improve existing actions, as well as new actions in areas where the Action Plan is lacking. FARE would like to highlight three areas in particular that have strong potential to curb alcohol harm, included below.

Evidence-based alcohol public education campaigns have proven effective in raising awareness and shifting attitudes towards alcohol. The successful roll-out of a properly resourced campaign would also enhance the community support for, and effectiveness of, other actions in the Action Plan.

The evidence on the effectiveness of a Minimum Unit Price (MUP) in reducing alcohol harm in riskier drinkers is well established. This policy measure is gaining momentum in Australia with the Northern Territory committing to a MUP of $1.30 to be introduced in October this year, and Western Australia actively exploring options. This builds on experience in Canada and the UK. With price being one of the most effective policy levers available, the ACT Government should proceed towards implementation of a MUP.

Fetal Alcohol Spectrum Disorders (FASD) are a preventable disability with lifelong personal and financial impacts. Due to the nature of the neurological damage caused by prenatal alcohol exposure, people with FASD need care and support throughout their life.[4] However, people with FASD and their families and carers have difficulty in accessing disability support services and funding because of a lack of an official diagnosis and support services. With the closest FASD diagnostic service located in Sydney, it is not easy for the Canberra community to access diagnostic and support services. FARE urges the ACT Government to commit $1 million over four years to establish a multidisciplinary clinic for the diagnosis and provision of advice and support for FASD in the ACT.

FARE thanks the ACT Government for its continued support of a healthy Canberra, and looks forward to working with the Government to stop harm caused by alcohol.

Overarching feedback

The Action Plan must be ACT-specific

Recommendations:

- **The Action Plan must be anchored in the ACT, with more context-driven actions and a focus on ACT data.**
- **The Action Plan should aim to establish high quality data collection to be continued long-term.**

The latest available data from 2010 shows that estimated alcohol consumption in ACT is 10.16 litres of pure alcohol per person, which is higher than New South Wales (9.68 litres), Victoria (9.59), South Australia (9.62) and Tasmania (9.91), but slightly lower than the Australian average (10.42) due to higher levels of consumption in Queensland, Western Australia and the Northern Territory.[5]

In 2010, alcohol was responsible for 73 deaths (4.3 per cent of all deaths) and 2,273 hospitalisations (2.5 per cent of all hospitalisations) in the ACT. This was higher than NSW, QLD, VIC and SA, as well as the Australian average.[6]

Not all alcohol harm is attributable to alcohol dependence. A report published by the Australian Institute of Health and Welfare found that, of the total alcohol-attributable burden of disease and injury in Australia, approximately a third (32 per cent) was due to alcohol dependence, a further third (34 per cent) due to injuries, and a final third (33 per cent) was due to chronic diseases such as cancer (17 per cent), cardiovascular diseases (3.8 per cent), and other linked diseases not including alcohol dependency (12 per cent).[7]

The harm from alcohol reaches well beyond the individual drinker, and includes violence, domestic violence, vandalism, road traffic accidents, child maltreatment and neglect, and lost productivity in the workplace.[8]

The latest data from the ACT Chief Health Officer's 2018 report show that alcohol accounts for 4.2 per cent of the total burden of disease in the ACT, making it the fourth highest risk factor leading to ill health. Alcohol was the leading contributor to disease burden for those 15-45 years of age, while tobacco was the lead for those aged 45 years and older.[9]

The report shows that people are continuing to drink at risky levels in the ACT:

- In 2016, around one in five ACT males aged 14 years and older drank at lifetime risky levels.
- Canberrans between the age of 40 and 49 were the most likely to drink alcohol at levels that put them at risk of long-term harm, with almost 25 per cent reporting drinking at these levels, compared to the Australian average of around 20 per cent.[10]

The ACT Chief Health Officer's 2016 report, which reported on some demographics in greater detail, showed that more than half (56 per cent) of secondary school students have drunk alcohol at risky levels at least once.[11]

In addition, the 2016 and 2018 reports show that alcohol use is impacting on ACT's hospital services:

- Presentations to ACT emergency departments due to alcohol-attributable injuries and the toxic effects of alcohol have been trending upwards since 2012.[12]
- Emergency department presentations for alcohol-attributable injuries have been increasing at an average of 4.2% per year.[13]
- The rate of injuries attributable to alcohol increased by 37 per cent between 2010-11 and 2014-15.[14]
- There was a 33 per cent increase in the rate of presentations to ACT Emergency Departments due to the toxic effects of alcohol between 2010-11 and 2014-15.[15]

The 2018 report highlights a number of groups of concern in the ACT:

- **Men** – around a fifth of men are drinking alcohol at levels which put them at risk of long-term harm.
- **Men and women aged 40-49** – around a quarter of men and women aged 40-49 are drinking alcohol at levels which put them at risk of long-term harm.[16]

In addition, children are an inherently vulnerable group. The National Health and Medical Research Council *Australian guidelines to reduce the risks from drinking alcohol* (the Guidelines) recommend that not drinking alcohol is the safest option for children and young people under 18 years of age.[17] Drinking from a young age can damage the developing brain[18] and increase the risk of experiencing alcohol-related problems later in life.[19] Given that more than half of ACT secondary school students have consumed alcohol at risky levels, protecting children should remain a priority in the ACT Drug Strategy.

Good data collection is the foundation of sound policy intervention. If nothing else, the Action Plan should aim to establish high quality data collection to be continued long-term. For further discussion of this point see the proposed action Implement an improved framework for data collection on alcohol-related harm under Area D below.

The Action Plan should commit to new actions and move towards implementation

Recommendation:

- **In areas that already have an established evidence base, the Action Plan should move directly to implementation.**

The Action Plan sets out a number of areas to explore and consider, see for example actions two, three, four and eight. In these areas a sufficient evidence base already exists to justify policy change, and further generic exploration is not an efficient use of scarce resources. Instead the Action Plan should commit to move straight to an implementation phase, which may include specific ACT modelling, scoping studies or pilots, or simply the implementation of actions that have proven to be successful in other jurisdictions. Given the short timeframe of the Action Plan, it is particularly important to progress to an implementation phase quickly in areas where the evidence base is strong.

The Action Plan should outline specific actions and targets under each theme

Recommendation:

- **The Action Plan should outline specific actions and targets under each area, to be evaluated by the expert Advisory Group.**

Many of the concerns regarding the lack of commitment to action raised above are compounded by the lack of specific targets and performance indicators. With only a three year duration for the Action Plan there is little time for the expert Advisory Group to establish a rigorous evaluation framework and Key Performance Indicators (KPIs) against which to measure success. The ACT Health Directorate should strengthen the targets and actions in the Action Plan to clearly indicate that action is expected, and to enable progress across the life of the plan to be measured.

The Action Plan should also look to lock in achievable but ambitious targets for alcohol. The current targets, which simply look to "reduce" the level of proportion of people drinking at single-occasion and lifetime risky levels are likely to be achieved with no action at all from the ACT Government, based on nation-wide trends. A twenty per cent reduction in per capita consumption, heavy episodic drinking, and alcohol-related morbidity and mortality would be a suitably ambitious target. This would align with the target recommended by public health and chronic disease experts in the *Australian Health Policy Collaboration (AHPC) Health Tracker 2025*.[20] Alongside this should reside targets to reduce alcohol harm, such as a reduction in hospital admissions and alcohol-related crime.

The Action Plan should ensure that supply is addressed in a meaningful way

Recommendation:

- **The Action Plan should ensure that actions related to the supply of alcohol are included in the Action Plan.**

The Action Plan sets out three pillars of harm minimisation: demand, supply and harm reduction. In the alcohol section, there is only one policy option proposed to address the supply pillar, and yet supply measures are some of the most effective ways of reducing alcohol harm.

Physical availability of alcohol is influenced by a range of factors including: the hours and days of the week that alcohol can be sold; the location, number, density (concentration in a particular area) and type of alcohol outlets; and the range of alcohol products available for purchase. Increased availability of alcohol is associated with an increase in assault,[21,22] domestic violence,[23] road crashes,[24] child maltreatment,[25] and harmful consumption.[26,27]

For the Action Plan to be successful, it is essential that it targets all three pillars simultaneously. FARE strongly recommends consideration of the policy measures outlined in Area H – Supply below, as the minimum required to redress the balance across the three pillars and ensure the success of the Action Plan.

Feedback on specific actions on alcohol

Area A: Build community knowledge and change acceptability of use

Action: Conduct evidence-informed alcohol public education and social marketing campaigns.

Overall, FARE is strongly supportive of this action item. The proposal addresses a clear need in the community, with the ACT Government not currently undertaking any large scale public education campaigns regarding alcohol harm. Alcohol awareness campaigns have been shown to increase awareness and to increase support for policy interventions.[28,29]

FARE strongly supports the specific campaigns identified and notes that the target groups and messages identified reflect the evidence about at-risk groups in the ACT and gaps in population-level awareness. While it is crucial to educate young people about the short and long-term harm of alcohol, it is important to recognise that high risk alcohol consumption also occurs in harder to reach populations with less social media presence. For instance, risky drinking has increased among women aged 45-54 in the ACT[30] and almost a quarter of Canberrans aged 40-49 drink alcohol at levels which put them at risk of long-term harm.[31]

In order to be effective, any awareness campaigns must be evidence-based and evaluated, and be provided by trusted public health organisations which are not affiliated with the alcohol industry. Crucially the campaigns must be deployed with enough resources and support to be effective.

FARE has previously received funding from the ACT Health Directorate to develop and conduct awareness campaigns including Women Want to Know, Pregnant Pause, and Reduce Risky Drinking.

Action 1: Conduct evidence-informed alcohol public education and social marketing campaigns

Increase public knowledge of links between alcohol use and chronic disease, including cancer and cardiovascular disease

The causal relationship between alcohol and cancer has been definitively established for over a decade. Alcohol causes cancers of the oral cavity, pharynx, larynx, oesophagus, breast, colorectum and liver.[32,33] In recent years, researchers have sought to understand whether there is a safe level of alcohol consumption. In 2018 the World Cancer Research Fund published a systematic review of the worldwide evidence. It stated that there is strong evidence that risk of mouth, pharynx, larynx, oesophagus and breast cancers is increased with any amount of alcohol, and continues to increase with every drink.[34]

People are more likely to lower their alcohol consumption if they know about the long-term harm and risks they are exposing themselves to. However, only 16 per cent of Australians are aware of the link between alcohol and breast cancer, and only 26 per cent are aware of the link between alcohol and cancers of the mouth and throat.[35] Without this knowledge, people are unable to make an informed choice about their alcohol consumption.

Research on the impact of mass media anti-smoking campaigns shows that negative health effect messages are the most effective at generating increased knowledge, beliefs and quitting behaviour.[36] This is supported by findings from the Global Drug Survey (2018) which found that 22.1 per cent of Australians would consider drinking less alcohol after learning about the risk of cancer from warning labels, and a further 22 per cent *might* consider drinking less alcohol.[37]

There are a number of domestic and international campaigns that the ACT Government could look to that have been evaluated and found to be effective. An English campaign, inspired by the revised UK Chief Medical Officers' guidelines showing that there is no safe level of alcohol, highlighted the link between alcohol and breast cancer. It was found to improve awareness of the link, with people twice

as likely to be aware of the link if they had seen the campaign.[38] A recent Australian study of 2,174 alcohol drinkers, which tested and compared a range of awareness campaigns, found that alcohol harm reduction campaigns could be improved by directly communicating alcohol's long-term harm.[39] The campaign considered most effective was 'Spread'.

Recommendation:

- **Establish a public education campaign on alcohol and cancer to increase community knowledge and change acceptability of use.**

Increasing public knowledge of safe drinking guidelines

Population level knowledge of the *Australian guidelines to reduce the risks from drinking alcohol* (the Guidelines) is low; the amount of Australians who can correctly estimate the maximum number of drinks to minimise short and long-term risks of alcohol, is 7 per cent and 42 per cent respectively.[40] The Guidelines have not been updated since 2009 and a review is currently taking place which will likely result in an update to reflect the latest evidence on alcohol harm. Once the Guidelines have been updated, there will be a pressing need to communicate these to the general population.

Recommendation:

- **Establish a public education campaign to communicate the updated Australian drinking guidelines when published.**

Increasing knowledge of young people, including school students, of the short and long-term harm of risky drinking and also of issues relating to secondary supply of alcohol to peers

More than half of ACT secondary school students have consumed alcohol at risky levels.[41] There is a need to increase knowledge and resilience around alcohol in young people, including school students. Two example projects that FARE has been involved in are summarised below.

Game Changer+

Game Changer+ takes a proactive and preventive approach to educating high school students about marketing strategies employed by the alcohol industry. It aims to enable students to think critically about alcohol messages in a way that empowers them to rethink their choices and behaviours regarding alcohol consumption.

The endorsement already received from participating schools demonstrates that *Game Changer+* is not only engaging and relevant for students, but is a valuable addition to the curriculum. To build on the positive progress achieved as part of the ACT pilot project, funding of $200,000 over two years would be required to roll out the program across all 19 government high schools.

School education programs like this do not tend to change behaviour in isolation and need to be considered as one part of a wider, co-ordinated strategy.

Reduce Risky Drinking

FARE has a current project funded by ACT Health which is aimed at reducing risky drinking among undergraduate university students in the ACT. This three-year (2017-19) project will involve development of a campaign that addresses misperceptions of social norms around drinking alcohol.

Data from the baseline survey undertaken in 2017 at the Australian National University (ANU) and the University of Canberra (UC) confirms that first year university students overestimate both the volume and frequency of alcohol consumption by other students in their year. Students were 4.8 times more likely to report that other students in their year had higher frequencies of consumption than their own. The survey found that 18 per cent of respondents consume seven to nine standard drinks per average drinking occasion, but they perceive that 29 per cent of students in their year do so.

Stage two of the project will involve the development and implementation of a social norms-based campaign to address these perceptions, to be conducted at both the ANU and UC.

To support and leverage existing activity in this area, the ACT Government could encourage tertiary institutions in the ACT to utilise a resource developed recently by the McCusker Centre for Action on Alcohol and Youth – *Alcohol in the university setting: A resource to support Australian universities*.[42]

Recommendations:

- **Commit $200,000 over two years to roll out the *Game Changer+* program to all 19 government high schools in the ACT.**
- **Encourage tertiary institutions in the ACT to use the resource *Alcohol in the university setting: A resource to support Australian universities.***

Area B: Restrictions on promotion

Actions:

- **Explore options to reduce alcohol promotion and use in ACT sports and other community settings.**
- **Consider options to reduce promotion of alcohol on government premises, consistent with preventive health commitments.**

The World Health Organization (WHO) identifies price, promotion and availability as the most effective targets to reduce alcohol harm. There is an urgent need to reduce alcohol promotion with a focus on protecting minors. The ACT is a small jurisdiction with a relatively high proportion of Government-owned infrastructure. It therefore has a great opportunity to steer the ACT's relationship with alcohol use and reduce harm through innovative interventions to reduce promotion of harmful products. In addition to the specific actions in the draft Action Plan, FARE recommends including a further action on enforcement to ensure that community benefits are realised.

Action 2: Explore options to reduce alcohol promotion and use in ACT sports and other community settings

Reducing alcohol promotion and use in ACT sports

The ACT has the highest participation rate for sport and physical recreation in the country (73 per cent).[43] Unfortunately the harm to physical and mental health resulting from excessive alcohol, gambling and junk food advertising and sponsorship of sport, works in direct contravention to the population health benefit from children engaging in physical activity. Evidence clearly shows that young people's exposure to alcohol marketing increases their alcohol consumption and increases their likelihood to start drinking earlier.[44,45,46]

There is an urgent need to reduce alcohol promotion in sports, with a focus on protecting minors. This would not only protect children from exposure to excessive alcohol advertising, but would also reinforce and leverage action taken under Area A to change acceptability of use through reducing the normalisation of alcohol.

The risk associated with alcohol promotion and use in ACT sports was recently illustrated in the case of the Canberra Cavalry incident, in which players at the baseball club were filmed pressuring junior players into rapidly consuming alcohol while they were still at the stadium and in uniform. The team is provided with free alcohol by Bentspoke Brewing as part of their sponsorship arrangement with the Canberra Cavalry. The undercover video of this event was released by ABC News.[47]

There is no logical connection between alcohol and sport. In addition to being detrimental to athletes' performance and recovery, alcohol is frequently involved in alcohol-fuelled incidents involving professional athletes, which bring the reputation and standing of Australian sports into disrepute.

With more than half of Canberrans supporting banning alcohol sponsorship of sporting events[48] there is demonstrable community support for these measures.

Recommendations:

- **Publish a code of conduct guideline on alcohol use, availability and sponsorship in ACT community sport environments.**
- **Amend the ACT Liquor (Responsible Promotion of Liquor) Guidelines 2012 to prohibit:**
    - **alcohol sponsorship of ACT junior sports teams**
    - **alcohol promotions that associate alcohol with sport.**

Reducing alcohol promotion and use in other community settings – community events

The ACT Government owns and operates 'CBR' (Canberra.com.au) which is a website and a brand that celebrates Canberra and highlights events and stories from the ACT,[49] and 'Visit Canberra' (visitcanberra.com.au) which is primarily a tourist website highlighting events and attractions in ACT.[50] The ACT Government could minimise the promotion and celebration of alcohol through selective use of the CBR brand and selective use of alcohol-related content on both websites. This would contribute to the goal of changing acceptability of use through de-normalisation of alcohol.

The ACT Government also owns and operates Events ACT (events.act.gov.au) which is a website highlighting upcoming events in ACT, as well as a body which plans, delivers and funds large community events in the ACT. Again, the ACT Government could minimise the promotion and celebration of alcohol through selective promotion of events and alcohol-related content on the website. To give an example, one upcoming event promoted by the ACT Government is Bottomless Mimosas which promotes unlimited consumption of alcohol for 1.5 hours for $45 per person.

The events portfolio of Events ACT includes Floriade, Floriade NightFest, Enlighten, the Canberra Balloon Spectacular, the Canberra Nara Candle Festival and celebrations held in conjunction with Canberra Day, Australia Day and New Year's Eve.[51] This puts the ACT Government in a very powerful position to steer ACT's alcohol culture through limiting promotion, availability and affordability of alcohol at major community events. Again, this would contribute to the goal of changing acceptability of use through de-normalisation of alcohol.

With around 6 in 10 Canberrans wanting more alcohol-free public events and alcohol-free zones,[52] measures to curb alcohol availability and promotion at ACT events would respond to community need as well as being a boost to the health of the ACT.

Recommendations:

- **Produce a principles-based guideline which establishes parameters for ACT Government promotion and funding of alcohol-related events. This should, as a minimum, prohibit ACT Government platforms from promoting or funding events which encourage, or are likely to result in, the rapid consumption of alcohol.**
- **Position a community impact statement at the centre of ACT Government funding decisions for third party events where alcohol will be available.**

Alcohol promotion and use in other community settings – schools

In addition to evidence that young people's exposure to alcohol marketing increases their alcohol consumption and their likelihood to start drinking earlier,[53,54,55] a US study found that exposure to outdoor alcohol advertising around schools increased the intention of children aged 10-12 years to drink alcohol.[56]

Action needs to be taken to limit daily exposure of school students to alcohol advertising on their way to and from school by prohibiting alcohol promotions within a defined radius of a school, as recently introduced in Victoria through the Liquor and Gambling Legislation Amendment Bill 2018.

The distance should be based on evidence as to the distance children typically walk to school in the ACT.

Recommendation:

- **Amend the ACT Liquor (Responsible Promotion of Liquor) Guidelines 2012 to prohibit alcohol promotions within a defined radius of a primary or secondary school.**

Action 3: Consider options to reduce promotion of alcohol on government premises, consistent with preventive health commitments

The ACT has already implemented a ban on alcohol advertising on ACTION buses.[57] This significant step paved the way for others to follow, as evidenced by the WA Government's announcement in June that it will implement a state-wide ban on alcohol advertising on all public transport and transport waiting areas.

With the expansion of Canberra's public transport network, the ACT Government should move quickly to expand this policy to light rail as well as transport-related infrastructure such as bus and light rail stops. Otherwise, alcohol promotions across the public transport network will undermine progress already made through the ban on alcohol adverts on buses.

Furthermore, the ACT Government should expand this proposal to cover all government-owned property and assets, rather than purely 'government premises', which could be interpreted as government departmental buildings only.

Alcohol marketing in professional sport stadiums is visible to children and young people, as sporting events are often held or televised during times when they are likely to be watching or in attendance at the event. Canberra sporting grounds, such as GIO Stadium and Manuka Oval, should be as family-friendly as possible and should not expose children to alcohol promotions.

The ACT Government manages approximately 300 hectares of sportsgrounds throughout Canberra, which is one of the largest portfolios of sportsgrounds that is managed by any single municipal authority in Australia.[58] This puts the ACT Government in a very powerful position to steer ACT's alcohol culture through limiting promotion of alcohol in the community and breaking the positive association between alcohol and sport that the alcohol industry has been fastidiously cultivating. This would contribute to the goal of changing acceptability of use through de-normalisation of alcohol.

Alcohol advertising restrictions on ACT Government property must include ACT community sporting grounds, and professional sporting grounds where ACT Government has jurisdiction.

In addition, to close a loophole, this policy should not only apply to alcohol products, but to licensed premises whose primary aim is to serve alcohol, and advertisements which reference alcohol.

Recommendations:

- **Expand the ban on alcohol advertising on buses to cover all transport and transport infrastructure, including light rail vehicles and bus and light rail stops.**
- **Implement a state-wide ban on alcohol promotion on government-owned property and assets, including sporting grounds.**

Proposed action: Alcohol promotion in retail settings – supermarkets

Children are being exposed to alcohol and alcohol promotions through their placement in supermarkets across the ACT. The ACT Liquor Act 2010 does not require alcohol products to be isolated from other products. This means that alcohol can be purchased in the same transaction along with everyday grocery items, such as bread and milk. This normalises alcohol and sends the wrong message to children.

To prevent children from being exposed to alcohol and alcohol promotions in supermarkets, alcohol products should be isolated in a single area, away from other products, and alcohol sales should be conducted at a separate or dedicated checkout. In addition, alcohol promotions should be restricted to inside the designated 'liquor area' and should not be visible from outside this area.

Recommendation:

- **Amend the ACT Liquor Act 2010 to isolate alcohol products in supermarkets to areas children cannot access and restrict alcohol promotions to inside this area.**

Proposed action: Enforcement of alcohol promotion laws and regulations

Measures designed to protect children and the community from alcohol harm need to be complemented by effective enforcement. For enforcement to be effective, it needs to be ongoing, frequent, unpredictable, well publicised, and perceived by the target groups as highly likely to occur.[59]

Relying on the community to submit complaints is not an effective form of enforcement. Access Canberra needs to be sufficiently resourced to proactively monitor alcohol promotions and respond to prohibited promotional activities in a timely manner. Harm minimisation measures implemented by the alcohol industry as part of alcohol promotions should always be tested for efficacy.

Tough sanctions should be imposed on licensees undertaking banned promotional activity. Penalties should be applicable retrospectively, and not just when the promotion is active.

Recommendation:

- **Commit sufficient resources to Access Canberra to enable them to actively monitor alcohol promotions and impose tough and timely sanctions on those who undertake banned promotional activities.**

Area C: Price mechanisms

Action: Explore the option of introducing a minimum price per standard drink of alcohol.

FARE strongly supports the introduction of a Minimum Unit Price (MUP) in the ACT. The WHO identifies price, promotion and availability as the most effective targets to reduce alcohol harm. The evidence on the effectiveness of a MUP in reducing alcohol harm in riskier drinkers is well established. MUP is an effective way to reduce harm caused by aggressive discounting at off-licence premises. Nearly 80 per cent of alcohol consumed in Australia is sold by packaged alcohol outlets, and this proportion has been steadily increasing.

Considering the evidence, FARE strongly recommends that the ACT Government should move immediately to an implementation phase for a MUP. In addition, FARE recommends an additional action on advocating for the introduction of volumetric taxation to the Federal Government.

Measures such as a MUP and tax reforms are even more crucial if the Action Plan continues without meaningful action on supply.

Action 4: Explore the option of introducing a minimum price per standard drink of alcohol

The evidence on the effectiveness of a MUP in reducing alcohol harm in riskier drinkers is well established. This policy measure is gaining momentum in Australia and the UK, with Scotland introducing a MUP earlier this year, the NT committing to a MUP of $1.30 to be introduced later this year, and WA and Wales looking to introduce one.

Adjusting the price of alcohol is one of the most effective measures to reduce alcohol harm. Price is an important driver of consumption, especially for young people and those that drink at the most harmful levels. Low prices and high affordability lead to higher levels of consumption, while higher prices and reduced affordability lead to lower levels of consumption.[60]

By setting a price per standard drink below which alcohol cannot be sold, a MUP increases the price of the cheapest alcohol. Cheap alcohol products are a concern because they encourage underage drinking and higher levels of consumption, including heavier drinking and binge drinking. This results in higher levels of alcohol harm, affecting not just the drinker, but their intimate partners, children and communities.[61]

Evidence suggests that cheap alcohol is disproportionately consumed by heavier drinkers[62,63] who are found across all socioeconomic groups, not just low income consumers.[64] This means that even though MUP is a population-wide measure, it targets those most at risk of harm. People consuming alcohol within the *Australian Guidelines* are largely unaffected.[65]

Research from the UK found that a MUP would have a very small impact on 'moderate' drinkers and a much greater health benefit for 'risky' drinkers.[66] This finding has been supported by research in Canada where alcohol attributable hospitalisations decreased with an increase in the minimum price of alcohol.[67]

MUP is an effective way to reduce harm caused by aggressive discounting at off-licence premises. ACT liquor laws do not provide grounds for regulatory intervention in the reckless discounting of alcohol at off-licence premises, including supermarkets. In the ACT, bottle shops are able to get away with running irresponsible alcohol promotions such as those involving discounts of 50 per cent or more.

Given the strength of evidence on the effectiveness of MUP in reducing alcohol harm in risky drinkers, the ACT Government should not waste resources reinventing the wheel by "exploring" the option. Instead the Government should move immediately to an implementation phase for MUP. This would be best pursued with some targeted research on the most effective MUP for ACT. A MUP needs to correspond to pricing and affordability in the local context in order to be effective.

To support the introduction of an effective MUP in the NT, FARE conducted economic modelling to establish an appropriate price.[68] A similar research project could be conducted in the ACT context.

Recommendation:

- **Given the strength of evidence on the effectiveness of MUP in reducing alcohol harm in risky drinkers, the ACT Government should move to implement a MUP in the ACT by commissioning research to identify an effective price.**

Proposed action: volumetric taxation of alcohol

Although taxation measures fall within the purview of the Federal Government, the ACT Government can also play an important role by advocating to Federal Government for introduction of volumetric taxation of alcohol.

Alcohol taxation reform has been specifically identified as the most effective measure to reduce alcohol harm. It is a broad-based measure that affects the whole population and is effective in

reducing alcohol consumption and consequent harm among target groups such as the most harmful drinkers and young people.[69] It has been implemented across a range of countries.

The WHO has identified that taxation and price-related policies are amongst the most efficient strategies to minimise the harmful use of alcohol.[70] Policies that increase the price of alcohol lead to a reduction in the proportion of young people who are heavy drinkers, a reduction in underage drinking, and a reduction in binge drinking.[71] They are cost-effective[72] in reducing alcohol-attributable deaths and disabilities at the population level.

The alcohol taxation system in Australia is a complex arrangement with different levels of tax being applied depending on the type of product, the volume of alcohol, the way in which alcohol is packaged, and in the case of wine, the value of the product. Unlike beer and spirits which are taxed on volume of alcohol, wine is taxed under the Wine Equalisation Tax (WET), a tax based on the value of the wine. The WET contributes to wine being the cheapest alcohol product available for sale in Australia per standard drink.[73]

The alcohol taxation system has been described as incoherent and inconsistent[74] and does not recognise the extent and costs of alcohol harm to the Australian community. Because of the inequities in the taxation of alcohol, at least 13 government reviews, including the Henry Tax Review, have concluded that wine should be taxed on a volumetric basis.[75] The Henry Review reported that a common alcohol tax base would better address social harm, better satisfy consumer preferences and effectively introduce a floor price through a common alcohol tax base.[76]

Recommendation:

- **The ACT Government should advocate for the introduction of volumetric taxation of all alcohol to the Federal Government.**

Area D: Supporting research and building and sharing evidence

Action: Undertake research to inform public health responses on contextual and individual factors that influence risky drinking and alcohol-related harm.

In order to be effective, polices must be evidence-based and interventions must be context-driven. Without good data on alcohol and alcohol harm, the ACT will not be able to implement the most effective policies or evaluate their effects. FARE strongly recommends that the Action Plan contain robust commitments in the area of data collection and use in the ACT. Additionally FARE recommends moving more rapidly to pilot programs and evaluation rather than wasting limited resources replicating existing research. As such FARE supports the existing action (Action 5) and recommends an additional action on data.

Action 5: Undertake research to inform public health responses on contextual and individual factors that influence risky drinking and alcohol-related harm

Much of the research highlighted in this section has already been undertaken but the Action Plan could now focus on:

1. building a context-specific evidence base in the ACT to guide policy interventions; and
2. conducting implementation research by piloting policy interventions in the ACT.

Proposed Action: Implement an improved framework for data collection on alcohol-related harm

Alcohol sales data

The National Drug Research Institute at Curtin University conducts the National Alcohol Sales Data Project. This important project aims to provide high quality data on the amount of alcohol being consumed in Australia, and patterns of consumption. Trends in the extent and patterns of alcohol consumption demonstrate the effectiveness or otherwise of policy changes, and there are strong relationships between per capita consumption and alcohol-related harms such as road crashes, accidental falls and assaults. Per capita consumption is a reliable proxy for the percentage of heavy drinkers in a population.

The World Health Organization recommends the collection of alcohol sales data to inform policy-makers with a comprehensive picture of alcohol consumption and associated risks. Alcohol sales data is considered to be the gold standard method for collecting per capita consumption, especially in countries such as Australia that have limited illicit or home produced alcohol.[77]

Under the ACT Liquor Regulation 2010, a licensee who sells liquor by wholesale under an off-licence, must submit alcohol sales data to the Commissioner of Fair Trading and ACT Health's Chief Health Officer no later than one month after the end of each financial year.[78] However, this is not enforced and consequently there has been a low return rate, with only an estimated 50 per cent of wholesalers submitting data in 2013-14. These significant limitations with the ACT data have precluded it from being useful and it was not able to be used in the most recent National Alcohol Sales Data Project report (Stage Five, 2016).[79] As well as leaving the ACT lacking in valuable data, this represents a wasted effort for the half of wholesalers who did the right thing and complied.

Recommendations:

- **Enforce the submission of alcohol sales data in the ACT to ensure that the ACT submits high quality data to the National Alcohol Sales Data Project.**
- **Support the development of a nationally consistent approach to collecting this data that includes:**
  - **wholesale sales data from wholesalers and producers to retailers who sell alcohol to the public;**
  - **retail sales data;**
  - **price and volume for each transaction; and**
  - **a breakdown of sales by beverage type such as beer, wine, spirits and cider and other brewed products.**

Alcohol-related crime data

There is a need in the ACT for improved data collection on alcohol-related crime, such as alcohol-related domestic and non-domestic violence. The NSW BOCSAR Crime Tool is an example of a very comprehensive data collection tool which could provide a useful template. In particular FARE recommends recording last place of drinks of individuals implicated in alcohol-related crimes. In order for this data to be useful it would need to be recorded in a standardised way so that it could be easily aggregated and analysed, i.e. recorded digitally in a designated system and not just in hand-written case notes. FARE understands that there is support from ACT Police to better strengthen alcohol-related crime data.

Recommendation:

- **Commit resources to improve ACT data collection on alcohol's role in crime and work with ACT Police to identify data collection opportunities.**

Emergency department data

An ongoing project, *Driving Change,* is implementing the collection of alcohol-related data in emergency departments. It is based on the 'Cardiff Model' of violence prevention first trialled in the UK from 2002-07, which contributed to substantial reductions in assault and injury in the city of Cardiff, and now operates in more than 80 per cent of the UK's emergency departments. It aims to standardise the recording of whether individuals have drunk alcohol and where they purchased their last drink (this records the type of vendor i.e. packaged liquor or licensed premise, as opposed to the specific venue). It is partly inspired by the fact that only an estimated 25-50 per cent of violent offences which result in emergency department treatment are reported to/recorded by the police.

FARE understands that *Driving Change* is being implemented at Calvary Hospital and Canberra Hospital in the ACT. The anonymous collection of data at ACT emergency departments will ensure that police and policymakers can better target their resources and introduce evidence-informed measures to address alcohol-related violence.

Recommendation:

- **Continue to support the implementation of the *Driving Change* project at ACT hospitals and commit to act upon its findings.**

Identification of targets for risk-based interventions

Improved data collection presents a great opportunity to learn more about the ACT and identify targets for policy intervention. Therefore, during the lifetime of the Action Plan, the ACT Government should identify opportunities to act upon findings from improved data collection, such as identifying targets for risk-based interventions. For example, high-risk licensed premises and zones which would benefit from targeted measures to reduce rapid consumption and availability of alcohol, and areas of the ACT which are already experiencing unacceptable levels of alcohol harm and would benefit from reduced density of off-licence premises.

Recommendation:

- **During the lifetime of the Action Plan, identify opportunities to act upon findings from improved data collection, such as identifying targets for risk-based interventions.**

Area E: Safe transport and sobering up services

Action: Continue work to reduce alcohol-impaired driving, including random breath testing and the ACT alcohol interlock program, taking into consideration findings from evaluations of relevant programs.

Australia has been internationally recognised for playing a leading role in reducing alcohol harm from drink-driving.[80] However, statistics on drink-driving deaths show that incidences have stabilised, and in some instances have increased in recent years; such deaths still constitute about 30 per cent of all Australian road crash deaths.[81] The Action Plan should focus on maintaining and strengthening implementation and enforcement of drink-driving countermeasures.

Action 6: Continue work to reduce alcohol-impaired driving, including random breath testing and the ACT alcohol interlock program, taking into consideration findings from evaluations of relevant programs.

Alcohol is a major contributing factor to car accidents and accounts for 30 per cent of road deaths and nine per cent of serious road injuries nationally.[82] This has a significant impact on society in terms of years of life lost, disability, and cost to the community. In 2006, the cost to the community of a single

fatal crash was estimated at approximately $2.6 million, while the cost of hospitalisations associated with a crash was approximately $266,000 per crash.[83] Adherence to the road rules is critical, yet drivers continue to ignore road safety messages and put themselves and others at risk. Research shows 58 per cent of drivers report drinking and driving, and 72 per cent reported they had driven at least twice in the previous year after consuming alcohol.[84]

Alcohol-related road crashes are preventable. Targeting drivers' behaviour is key to reducing drink-driving. This can be achieved through licensing, education, road rules, enforcement, and sanctions.[85]

The Action Plan should focus on maintaining and strengthening implementation and enforcement of drink-driving countermeasures. For enforcement to be effective, it needs to be ongoing, frequent, unpredictable, well publicised, and perceived by the target groups as highly likely to occur.[86]

For Random Breath Testing (RBT) to be effective, best practice principles should be consistently monitored and maintained: it should be implemented jurisdiction-wide and be random, strategically deployed, enforced, credible, publicised, and accompanied by targeted responses for recidivist drink-drivers.[87] Particular effort needs to be focused on ensuring that the locations and times of RBT by police remain frequent and unpredictable.

The Victorian Government has introduced legislation to cancel, for at least three months, the driver's licence of any driver caught with a Blood Alcohol Concentration (BAC) of 0.05g and above, and to require an interlock device (an electronic breath testing device linked to a vehicle's ignition system) to be installed in their car for six months.[88] Similar regulations are in place in the ACT[89], but to strengthen the deterrence value of the ACT measures, the BAC threshold should be lowered from 0.15 to 0.05g.

There is community support for this, with 8 in 10 Canberrans wanting more severe penalties for drink driving.[90]

Recommendations:

- **Maintain and strengthen implementation and enforcement of drink-driving laws and Blood Alcohol Concentration (BAC) limits, by:**
  - **ensuring that frequent and Random Breath Testing programs are resourced and conducted;**
  - **considering adoption of administrative measures such as licence suspension and interlock requirements for all caught drink driving at .05 or above.**
- **Conduct publicity and education campaigns to raise awareness and educate the public about drink driving and random breath testing operations.**

Area F: Screening, assessment and treatment

Action: implement appropriate actions at territory level to support the national FASD Strategic Action Plan when finalised.

FASD is a nation-wide problem, and the ACT is not immune. The ACT Government must ensure that it is committed to implementing actions at local level to support the national FASD strategy, expected later in the year. In addition, FARE recommends including a specific action to establish a FASD clinic in the ACT. We need to make it easier for children and adults living with FASD in the ACT to access diagnostic and support services.

Action 7: Implement appropriate actions at territory level to support the national FASD Strategic Action Plan when finalised

Fetal Alcohol Spectrum Disorders (FASD) are a preventable disability with lifelong personal and financial impacts. In Australia 48.7 per cent of women consume alcohol before knowledge of their pregnancy, and 1 in 4 pregnant women (25.2 per cent) continue to consume alcohol after knowledge of their pregnancy. This figure has remained static over the 2013 and 2016 National Drug Strategy Household Surveys.[91]

The next *National FASD Strategy 2018-2028* aims to provide a framework for governments, communities and service providers to reduce the incidence of FASD and the impact over the next ten years. This strategy aims to build on existing progress. Its development is being led by the Australian Government Department of Health with input from all state and territory jurisdictions. Consultation on the draft was undertaken in early 2017 but to date the Action Plan has not been finalised.

As highlighted in the draft ACT Drug Strategy, it is crucial that the ACT Government implements appropriate actions at territory level to support the National FASD Strategy when it is published.

Proposed action: Establish a FASD clinic in the ACT

The primary disabilities associated with FASD are directly linked to the underlying brain damage caused by alcohol exposure and can result in a variety of conditions including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.[92]

Due to the nature of the neurological damage caused by prenatal alcohol exposure, people with FASD need care and support throughout their life.[93] However, people with FASD and their families and carers have difficulty in accessing disability support services and funding because of a lack of official diagnosis.

With the closest FASD diagnostic service located in Sydney, it is not easy for the Canberra community to access diagnostic and support services. The ACT has been described as one of the most difficult jurisdictions in Australia for people living with FASD and their carers to access services. While the Australian Government released the Australian FASD Diagnostic Instrument and Referral Guide, the existence of only four FASD clinics across Australia limits its implementation and prevents children and adults from accessing the support they need.

We need to make it easier for children and adults living with FASD in the ACT to access diagnostic and support services. Obtaining a diagnosis for FASD early in life is crucial to improving outcomes and quality of life. A diagnosis allows for an understanding of an individual's specific needs and identification of the appropriate healthcare, education, and service needs of the individual and families/carers.

A FASD diagnosis is determined through a multidisciplinary approach undertaken by a range of health professionals including paediatricians, clinical or neuro psychologists, occupational therapists, speech and language therapists, physiotherapists, and social workers. Funding of $1 million over four years will ensure the establishment of a multidisciplinary clinic. Additionally the Canberra clinic should employ a part-time paediatrician to coordinate access to allied health services needed by the child post-diagnosis. The funding will also provide opportunities for the clinic to continue to build capacity for health professionals to diagnose FASD and manage aftercare.

An alternative to this standalone diagnostic model would be for the existing ACT Child Development Service to include assessments for FASD as part of the services they offer. This could be modelled on the FASD Clinic at the Gold Coast Child Development Service, led by Dr Doug Shelton. This is still likely to require $1 million of funding over four years as the addition of these clinics to Child Development Services can increase the wait times to unacceptable levels and it is likely that additional staff would

need to be added to ensure this does not occur. The benefit of this model is that the multidisciplinary team already exists.

A FASD clinic in the ACT should also coordinate with staff at Bimberi Youth Justice Centre. As noted by Elizabeth Kickett MLA, individuals with FASD are more likely to become involved with the criminal justice system and become incarcerated. Currently the ACT Justice Health Service does not specifically assess young people in Bimberi for FASD. Elizabeth Kickett MLA and Shane Rattenbury MLA passed a motion in the ACT Assembly on 9 May 2018 that called on the ACT Government to:

> *(a) Continue to work with the Commonwealth Government and other jurisdictions to identify new best practice approaches and tools for the diagnosis and treatment of FASD, both in juvenile detention settings and in the community;*
>
> *(b) Consider how the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre could be enhanced in line with the Australian Guide to the Diagnosis FASD to improve the detection of FASD amongst current and future detainees;*
>
> *(c) Continue to support detainees in Bimberi by practicing robust collection and sharing of data relating to the assessment and screening of detainees;*
>
> *(d) Continue to provide detainees in Bimberi with individualised, trauma-informed supports that address the behavioural, clinical and other issues identified in screening;*
>
> *(e) Continue to provide training to all Bimberi staff, and consider future opportunities for additional training, on understanding the needs of young people who offend, addressing offending behaviours; and the delivery of a trauma informed service; and*
>
> *(f) Work with nationally recognised and accredited organisations to make sure best practice is reflected at each stage of the process and in all aspects of this work undertaken.*[94]

The ACT Government should ensure that:

1. the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre are in line with the Australian Guide to the Diagnosis of FASD to improve the detection of FASD amongst current and future detainees; and
2. all Bimberi staff are trained on FASD and that detainees in Bimberi receive individualised, trauma-informed support.

Recommendations:

- **Provide $1 million over four years to establish a FASD clinic in the ACT.**
- **Ensure that the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre are in line with the Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorders to improve the detection of FASD amongst current and future detainees.**
- **Ensure that all Bimberi staff are trained on FASD and that detainees in Bimberi receive individualised, trauma-informed support.**

Area G: Age restrictions

Action: Explore measures to reduce secondary supply of alcohol to minors.

FARE supports the proposal to focus on protecting minors through restricting the secondary supply of alcohol and has made some specific recommendations of ways this could be achieved. The National Health and Medical Research Council *Australian guidelines to reduce the risks from drinking alcohol*, recommend that not drinking alcohol is the safest option for children and young people under 18 years of age.[95] Drinking from a young age can damage the developing brain[96] and increase the risk of experiencing alcohol-related problems later in life.[97] For these reasons, no one, not even parents and guardians, should be supplying alcohol to minors.

In addition to Action 8, FARE recommends including a further action on enforcement to ensure that community benefits from initiatives taken under Action 8 are realised.

Action 8: Explore measures to reduce secondary supply of alcohol to minors

The risks associated with secondary supply were recently illustrated in the case of the Canberra Cavalry incident, in which players at the baseball club were filmed pressuring junior players into rapidly consuming alcohol while they were still at the stadium and in uniform.

Victoria recently introduced measures to protect minors by reducing opportunities for secondary supply. The Liquor and Gambling Legislation Amendment Bill 2018, which will amend the *Liquor Control Reform Act 1998*, will:

- further restrict parents and guardians from supplying alcohol to their underage children under certain circumstances;
- introduce a new offence to surrender purchased liquor to a minor by home delivery.

The ACT Government could also look at ways to restrict secondary supply of alcohol to minors in ACT sport environments.

Recommendation:

- **Amend the ACT Liquor Act 2010 to introduce further measures to protect minors by reducing opportunities for secondary supply of alcohol, including measures to:**
  - **further restrict parents and guardians from supplying alcohol to their underage children; and**
  - **clearly make it an offence to surrender purchased liquor to a minor by home delivery.**

Additional action: Enforcement of secondary supply laws

To enforce supply to minor provisions in the Liquor Act 2010 and ensure licensees are fulfilling their responsibilities, Controlled Purchase Operations (CPOs) should be introduced. CPOs involve supervised minors attempting to buy alcohol from licensed premises to test licensees' compliance with supply laws. Licensees have nothing to fear from introduction of CPOs if they are doing the right thing and abiding by the Act.

CPOs need to occur on a regular basis as part of normal enforcement activities. Those licensees who are found to have breached the Act should be penalised appropriately. ACT Policing need to be granted power to swiftly and consistently impose tough sanctions on premises that breach ACT liquor laws.

Compliance testing is not new. New Zealand currently uses CPOs for alcohol service and these have worked effectively for many years to support New Zealand Police in their applications to licensing authorities for the suspension or cancellation of offenders' liquor licences.[98,99]

There is community support for this, with 8 in 10 Canberrans supporting stricter enforcement of the law against supplying minors.[100]

Recommendations:

- **Introduce Controlled Purchase Operations to enforce supply to minor legal provisions and grant ACT Policing power to impose tough sanctions on those who breach the law.**
- **Commit funds to awareness campaigns about possible sanctions as a deterrent.**

In addition to the seven areas outlined in the alcohol section, FARE recommends introducing an additional area to address supply reduction.

Area H: Supply reduction

The WHO identifies price, promotion and availability as the most effective targets to reduce alcohol harm. The WHO *Global strategy to reduce the harmful use of alcohol* states that "the most effective means of enforcement is on sellers, who have a business interest in retaining the right to sell alcohol".[101]

Although the draft Action Plan identifies availability ('supply') as one of three pillars of the Action Plan, the measures proposed on alcohol are strongly skewed towards demand, with a limited focus on harm and **almost nothing to address supply.**

Physical availability of alcohol is influenced by a range of factors including: the hours and days of the week that alcohol can be sold; the location, number, density (concentration in a particular area) and type of alcohol outlets; and the range of alcohol products available for purchase. Increased availability of alcohol is associated with an increase in assault,[102,103] domestic violence,[104] road crashes,[105] child maltreatment,[106] and harmful consumption.[107,108]

If the Action Plan does not address all three pillars, actions taken and funds invested under the 'demand' pillar will be significantly undermined and taxpayers' money will be wasted. Conversely, if action were taken evenly across the three pillars, the Government's investment would be leveraged beyond the sum of its parts.

FARE strongly recommends consideration of the policy measures outlined below as the minimum required to redress the balance across the three pillars and ensure the success of the Action Plan.

Proposed action: Trading hours and rapid intoxication

There is overwhelming evidence to support the reduction in trading hours of liquor outlets as a measure to reduce alcohol-related assaults.[109,110,111,112,113,114,115,116] Conversely, evidence shows that extensions of trading hours in liquor outlets has been found to increase rates of violence and road crashes in an area.[117,118]

Research shows that alcohol-related assaults increase significantly after midnight.[119, 120] For example, a study by the NSW BOCSAR examined the patterns in alcohol-related crime and found that the percentage of alcohol-related assaults increased substantially between 6pm and 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am.[121]

Therefore, there is a strong rationale for limiting opportunities for rapid intoxication and continued consumption after midnight. Other states have implemented last drinks policies and measures to reduce rapid intoxication after midnight.

Sydney and Newcastle have a 3am last drinks policy in place. In Queensland, there is a 2am last drinks policy in place, with a 3am policy in key entertainment precincts.[122]

There is currently regulation in place in the Sydney CBD, Kings Cross[123], Newcastle[124] and the entire state of Queensland limiting stockpiling of drinks and the purchase of rapid consumption beverages after midnight.

The measures implemented in Newcastle have been shown to be successful in reducing alcohol harm:

- Night-time alcohol-related assaults were reduced by 37 per cent with no displacement of harm to other areas.[125]
- Alcohol-related facial injury hospital admissions at John Hunter Hospital also decreased with a relative rate reduction of 31 per cent.[126]
- Prior to the introduction of the measures, facial trauma admissions were increasing by 14 per cent each year and following their implementation they decreased by 20 per cent each year.[127]
- Non-domestic assaults in Newcastle and Newcastle West on Friday and Saturday nights, decreasing from 209 in the year 2007-08 (Oct to Sep) to 44 in 2016-17 (Oct to Sept).[128]

Building on the success of such policies in NSW, the ACT Government should implement a state-wide 2am last drinks policy and measures to limit rapid intoxication after midnight. The legislative framework for this already exists, since the 2017 amendment bill introduced extended powers to impose conditions on a licence, including the ability to stop people entering a licensed premise after a stated time, and to stop the serving of shots after midnight.[129]

There is community support for these measures, with 8 in 10 Canberrans wanting stricter enforcement of the law against serving customers who are drunk.[130]

Recommendations:

- **The ACT Government should implement special conditions to ACT liquor licences to reduce opportunities for patrons to undertake rapid intoxication after midnight.**
- **The ACT Government should implement special conditions to ACT liquor licences to prevent patrons from purchasing more on-licence alcohol after 2am.**

Proposed action: Density of alcohol outlets

There is a growing body of research highlighting the association between density of packaged liquor outlets and rates of alcohol harm, including changes in rates of assault, domestic violence, and chronic alcohol-related disease.[131,132,133] High alcohol outlet density (that is, a high number of active liquor licences in an area) exposes children to a range of alcohol harm. Research has consistently found an association between alcohol outlet density and negative alcohol-related outcomes such as assaults, adolescent drinking, domestic violence, drink driving, homicide, suicide, and child maltreatment.[134,135,136] Children who live with domestic violence, whether they are witnesses of the violence or experience the abuse directly, are likely to experience mental health issues, are at a particularly high risk of being perpetrators or victims of abuse themselves, and are likely to develop their own alcohol and drug problems.[137]

The WHO has identified the importance of considering alcohol policies in the prevention or mitigation of domestic violence.[138] While factors such as noise impact,[139] patron capacity,[140] and impact on the local community[141] are considered when assessing an application for a liquor licence or permit in the ACT, there is no explicit requirement for consideration to be given to the number and concentration of active licensed premises in the relevant local area, which can impact domestic violence and other less visible third party harm.

All planning and liquor licensing processes should consider outlet density as a factor through the development of cumulative impact policies. Cumulative impact policies take into consideration the impact additional liquor licences will have on a community, particularly in areas where there is already a large number of liquor licences.

The Attorney-General should be granted power to declare "special control zones" where community protection from alcohol harm is required. Such decisions should be made when alcohol-related harm are deemed significant and should be determined on the basis of existing outlet density levels and crime data (both domestic and non-domestic statistics).

Liquor licence applications and amendments in special control zones should only be approved if the Commissioner for Fair Trading is satisfied that any public safety concerns of the Chief Police Officer, ACT Health, and other relevant stakeholders have been addressed, and that the licensed venue will not contribute to further harm.

Recommendations:

- **Planning and liquor licensing legislation should be amended to require outlet density to be considered when granting new liquor licences.**
- **The ACT Government should introduce and enforce "special control zones" where community protection from alcohol harm is required.**

Proposed action: Community engagement and impact in liquor licensing decisions

Almost half of Australians feel they do not have enough say in the number of licensed venues in their local area.[142] In the ACT, making complaints regarding liquor licences is difficult due to the limited information available on the complaint process and the requirement for complaints to be submitted in writing. To make it easier for communities to make complaints, the Access Canberra website should be updated to provide clear and relevant information on how to make complaints and the scope for making complaints should be broadened to allow complaints to be made online or over the phone.

There is currently no formal process in the ACT by which relevant stakeholders are directly consulted about liquor licence applications. While a 30 day consultation period begins once a new liquor licence application is lodged, public representations made to the Commissioner for Fair Trading are limited to addressing issues such as venue suitability and the people associated with the venue.[143]

Under the current licensing regime, those opposing a liquor licence application must demonstrate that likely harm from a licence approval outweigh any likely benefits. Placing the burden of proof on objectors hinders community engagement in licensing matters because community objectors do not necessarily have the capabilities (in terms of time, financial costs, and research capacity) to meet the burden of proof. Instead, prospective licensees should be required to prove that a liquor licence is in the local community's interest during the licence application process.

Recommendations:

- **To strengthen community engagement in liquor licensing matters, the ACT Government should:**
  - **provide clearer information on how to make complaints on the Access Canberra website; and**
  - **allow complaints to be made online and over the phone.**
- **The ACT Government should reverse the burden of proof in liquor licensing applications so that licensees are required to prove that a liquor licence is in the local community's interest.**

Feedback on 'all drugs' section

Action 29: Drawing on specialist sector knowledge, identify options to expand alcohol and other drug services to meet the needs of a growing population

FARE is supportive of this action. The specialist alcohol and other drug (AOD) treatment and support sector has been operating for a number of years at full capacity and with high unmet demand:

- In ACT non-government specialist drug treatment services alone, there has been a 34 per cent increase in demand over a four year period (2012-16).[144]
- Similarly, over the three year period to 2015, data from the Service Users Satisfaction and Outcomes Survey demonstrated a 36 per cent increase in the number of service users attending a specialist ACT AOD service on any single day.[145]
- The Commonwealth Government commissioned *New Horizons Report* (conservatively) estimated that AOD treatment availability would need to double to meet unmet demand.[146]

The ACT needs investment in further treatment places to respond to the unmet demand facing specialist AOD treatment and support services.

Recommendation:

- **The ACT Government should invest in further treatment places to respond to the unmet demand facing specialist AOD treatment and support services.**

Action 37: Integrate more effective responses within AOD services for people who either experience domestic and family violence or are at risk of using it

Alcohol is a significant contributor to family violence, increasing both the likelihood of violence occurring and the severity of harm that can result.[147]

Family violence assaults in the ACT increased by 33 per cent between 2015 and 2016 to 240 victims per 100,000 persons.[148] A study found that of all family violence incidents in the ACT, 24 per cent were alcohol related.[149]

FARE is supportive of action 37 to integrate more effective responses within AOD services and recommends looking at ATODA's domestic and family violence framework as a starting point.

However, to reduce alcohol-related domestic and family violence, a much more holistic approach is needed which incorporates measures to address availability, affordability and promotion of alcohol. FARE has outlined such broader measures in our submission to the *ACT Legislative Assembly Inquiry into Domestic and Family Violence* (September 2017) which is attached to this submission.

Recommendations:

- **The Action Plan should refer to ATODA's domestic and family violence framework for best practice on integrating domestic and family violence interventions into AOD services.**
- **To reduce alcohol-related domestic and family violence, the Action Plan should mandate broader measures to address availability, affordability and promotion of alcohol.**

APPENDIX

Recommendations

Overarching recommendations

- The Action Plan must be anchored in the ACT, with more context-driven actions and a focus on ACT data.
- The Action Plan should aim to establish high quality data collection to be continued long-term.
- In areas that already have an established evidence base the Action Plan should move directly to implementation.
- The Action Plan should outline specific actions and targets under each area, to be evaluated by the expert Advisory Group.
- The Action Plan should ensure that actions related to the supply of alcohol are included in the Action Plan.

Alcohol section – recommended top level changes

FARE is suggesting alternative wording for the Action items in the plan, including the addition of new actions under "Restrictions on Promotion" and a new action to tackle "supply". These changes increase the specificity and ambition of the actions, to ensure that they will achieve meaningful change.

Current action number	Current action	Suggested action
Build community knowledge and change acceptability of use		
1	Conduct evidence-informed alcohol public education and social marketing campaigns, including those that aim to: • increase public knowledge of links between alcohol use and chronic disease, including cancer and cardiovascular disease; • increase public knowledge of safe drinking guidelines; • increase the knowledge of young people, including school students, of the short and long-term harm of risky drinking, and also of issues relating to secondary supply of alcohol to peers.	No changes
Restrictions on promotion		
2	Explore options to reduce alcohol promotion and use in ACT sports and other community settings.	~~Explore options~~ Implement specific actions to reduce alcohol promotion and use in ACT sports and other community settings, including prohibiting alcohol and licensed premise sponsorship of ACT junior sports teams, isolating alcohol in

		supermarkets, and prohibiting alcohol promotions within a defined radius of a school.
3	Consider options to reduce promotion of alcohol on government premises, consistent with preventive health commitments.	~~Consider options to reduce~~ Prohibit the promotion of alcohol on government-owned property and assets, including all transport and transport infrastructure and sporting grounds. ~~premises, consistent with preventive health commitments.~~
New action		Commit sufficient resources to Access Canberra to enable them to actively monitor alcohol promotions and impose tough and timely sanctions on those who undertake banned promotional activities.
Price mechanisms		
4	Explore the options of introducing a minimum price per standard drink of alcohol.	~~Explore the option of introducing~~ Identify and implement an appropriate minimum unit price per standard drink of alcohol for the ACT.
Supporting research and building and sharing evidence		
5	Undertake research to inform public health responses on contextual and individual factors that influence risky drinking and alcohol-related harms, including: • links between alcohol use and domestic and family violence; • the impact of enforcement measures on risky drinking; • evidence-informed options for further reducing road safety risk caused by drink-driving; • exposure of young people and risky drinkers to alcohol advertising in ACT public spaces.	Undertake research and improve data collection to build a context-specific evidence base in the ACT to guide policy interventions to reduce alcohol harm ~~inform public health responses on contextual and individual factors that influence risky drinking and alcohol-related harms~~, including: • links between alcohol use and domestic and family violence; • the impact of enforcement measures on risky drinking; • evidence-informed options for further reducing road safety risk caused by drink-driving; • exposure of young people and risky drinkers to alcohol advertising in ACT public spaces; • recording alcohol's role in crimes; • supporting the implementation of the *Driving Change* project in ACT hospitals;

		• enforcing submission of high quality alcohol sales data in the ACT.
Safe transport and sobering up services		
6	Continue work to reduce alcohol-impaired driving, including random breath testing and the ACT alcohol interlock program, taking into consideration findings from evaluations of relevant programs.	No changes
Screening, assessment and treatment		
7	Implement appropriate actions at territory level to support the national FASD Strategic Action Plan (when finalised).	As a minimum, implement appropriate actions at territory level to support the national FASD Strategic Action Plan (when finalised), and establish a FASD clinic in the ACT.
Age restrictions		
8	Explore measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.	~~Explore~~ Identify and implement measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.
Supply		
New action		Identify and implement measures to limit the provision of alcohol, including empowering and enabling the community to object to liquor licence applications, and reducing opportunities for rapid intoxication and post-intoxication consumption.

Recommendations for specific actions for 'alcohol' section

Build community knowledge and change acceptability of use

- Establish a public education campaign on alcohol and cancer to increase community knowledge and change acceptability of use.
- Establish a public education campaign to communicate the updated Australian drinking guidelines when published.
- Commit $200,000 over two years to roll out the *Game Changer+* program to all 19 government high schools in the ACT.
- Encourage tertiary institutions in the ACT to use the resource *Alcohol in the university setting: A resource to support Australian universities.*

Restrictions on promotion

- Publish a code of conduct guideline on alcohol use, availability and sponsorship in ACT community sport environments.
- Amend the ACT Liquor (Responsible Promotion of Liquor) Guidelines 2012 to prohibit:
    - Alcohol sponsorship of ACT junior sports teams;
    - Alcohol promotions that associate alcohol with sport.
- Produce a principles-based guideline which establishes parameters for ACT Government promotion and funding of alcohol-related events. This should, as a minimum, prohibit ACT Government platforms from promoting or funding events which encourage, or are likely to result in, the rapid consumption of alcohol.
- Position a community impact statement at the centre of ACT Government funding decisions for third party events where alcohol will be available.
- Amend the ACT Liquor (Responsible Promotion of Liquor) Guidelines 2012 to prohibit alcohol promotions within a defined radius of a primary or secondary school.
- Expand the ban on alcohol advertising on buses to cover all transport and transport infrastructure, including light rail vehicles and bus and light rail stops.
- Implement a state-wide ban on alcohol promotion on government-owned property and assets, including sporting grounds.
- Amend the ACT Liquor Act 2010 to isolate alcohol products in supermarkets to areas children cannot access and restrict alcohol promotions to inside this area.
- Commit sufficient resources to Access Canberra to enable them to actively monitor alcohol promotions and impose tough and timely sanctions on those who undertake banned promotional activities.

Price mechanisms

- Given the strength of evidence on the effectiveness of MUP in reducing alcohol harm in risky drinkers, the ACT Government should move to implement a MUP in the ACT by commissioning research to identify an effective price.
- The ACT Government should advocate for the introduction of volumetric taxation of all alcohol to the Federal Government.

Supporting research and building and sharing evidence

- Enforce the submission of alcohol sales data in the ACT to ensure that the ACT submits high quality data to the National Alcohol Sales Data Project.
- Support the development of a nationally consistent approach to collecting this data that includes:
    - wholesale sales data from wholesalers and producers to retailers who sell alcohol to the public;
    - retail sales data;
    - price and volume for each transaction; and

    - a breakdown of sales by beverage type such as beer, wine, spirits and cider and other brewed products.
- Commit resources to improve ACT data collection on alcohol's role in crime and work with ACT Police to identify data collection opportunities.
- Continue to support the implementation of the *Driving Change* project at ACT hospitals and commit to act upon its findings.
- During the lifetime of the Action Plan, identify opportunities to act upon findings from improved data collection, such as identifying targets for risk-based interventions.

Safe transport and sobering up services

- Maintain and strengthen implementation and enforcement of drink-driving laws and Blood Alcohol Concentration (BAC) limits, by:
    - ensuring that frequent and Random Breath Testing programs are resourced and conducted;
    - considering adoption of administrative measures such as licence suspension and interlock requirements for all caught drink driving at .05 or above.
- Conduct publicity and education campaigns to raise awareness and educate the public about drink driving and random breath testing operations.

Screening, assessment and treatment

- Provide $1 million over four years to establish a FASD clinic in the ACT.
- Ensure that the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre are in line with the Australian Guide to the Diagnosis of FASD to improve the detection of FASD amongst current and future detainees.
- Ensure that all Bimberi staff are trained on FASD and that detainees in Bimberi receive individualised, trauma-informed support.

Age restrictions

- Amend the ACT Liquor Act 2010 to introduce further measures to protect minors by reducing opportunities for secondary supply of alcohol, including measures to:
    - further restrict parents and guardians from supplying alcohol to their underage children;
    - clearly make it an offence to surrender purchased liquor to a minor by home delivery.
- Introduce Controlled Purchase Operations to enforce supply to minor legal provisions and grant ACT Policing power to impose tough sanctions on those who breach the law.
- Commit funds to awareness campaigns about possible sanctions as a deterrent.

Supply

- The ACT Government should implement special conditions to ACT liquor licences to reduce opportunities for patrons to undertake rapid intoxication after midnight.
- The ACT Government should implement special conditions to ACT liquor licences to prevent patrons from purchasing more on-licence alcohol after 2am.
- Planning and liquor licensing legislation should be amended to require outlet density to be considered when granting new liquor licences.
- The ACT Government should introduce and enforce "special control zones" where community protection from alcohol harm is required.
- To strengthen community engagement in liquor licensing matters, the ACT Government should:
    - provide clearer information on how to make complaints on the Access Canberra website;
    - allow complaints to be made online and over the phone.
- The ACT Government should reverse the burden of proof in liquor licensing applications so that licensees are required to prove that a liquor licence is in the local community's interest.

Recommendations for specific actions for 'all drugs' section

- The ACT Government should invest in further treatment places to respond to the unmet demand facing specialist AOD treatment and support services.
- The Action Plan should refer to ATODA's domestic and family violence framework for best practice on integrating domestic and family violence interventions into AOD services.
- To reduce alcohol-related domestic and family violence, the Action Plan should mandate broader measures to address availability, affordability and promotion of alcohol.

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Foundation for Alcohol Research & Education

FOUNDATION FOR ALCOHOL RESEARCH & EDUCATION
PO BOX 19 DEAKIN WEST ACT 2600
02 6122 8600 | info@fare.org.au | www.fare.org.au

ISBN 978-0-6482739-8-1