

# ATODA Policy Position Statement

## Reducing Alcohol-Related Harms in the ACT

### Preamble

Alcohol is the only drug for which community approval of its regular use rates higher than its disapproval. This was reflected in the most recent 2022-23 National Drug Survey in Australia, which also found that despite increasing community concern for alcohol harms, support for alcohol-related policies continues to decrease.<sup>1</sup> In a country where alcohol is the fifth highest risk factor contributing to burden of disease, and where alcohol-induced deaths reached its highest peak in 10 years in 2022, alcohol should remain a concern for policy makers.<sup>2,3</sup> Alcohol remains the most common principal drug of concern in Alcohol, Tobacco and Other Drug (ATOD) treatment services throughout Australia and in the Australian Capital Territory (ACT).<sup>4</sup> In the ACT in 2022-23, just over one in four people used alcohol at a level that put their health at risk and 22 percent consumed more than 10 drinks per week.<sup>1</sup> In 2020, the National Health and Medical Research Council published guidelines that stated that any alcohol consumption is associated with some level of health risk,<sup>5</sup> including increased risk of multiple forms of cancer, acute alcohol toxicity, diabetes, and alcohol-associated hepatitis and liver cirrhosis.<sup>5-8</sup> These risks can be exacerbated by combining alcohol and other drugs (polysubstance use). Alcohol's impact on social relationships is significant too. In the ACT, 18 percent of individuals have been verbally abused by someone under the influence of alcohol and one third of Australian women have been physically abused by an intoxicated current or ex-spouse or partner.<sup>1</sup> ATODA would welcome Territory and Commonwealth Government actions to demonstrate their commitment to prioritising the public health and social wellbeing of Australians when alcohol-related policy decisions are made.

### Key recommendations

1. The ACT government continues to work with the ATOD sector to support the needs of the individuals accessing ATOD services and the ATOD workforce through the provision of adaptive and responsive measures for the treatment of alcohol use or dependence.
2. The ACT government reviews current regulatory settings for the supply of alcohol to the ACT population via review of zoning and licensing regulations to reduce harms as per the pillars of the harm reduction approach.
3. The alcohol industry should have reduced involvement in alcohol harm reduction policy due to their conflicting interests in the sale of alcohol.
4. The regulation of marketing for alcohol is tightened and regulated by Government, inclusive of advertising, mass media campaigns, and social media advertising and algorithms, to mitigate the well-evidenced harms from alcohol marketing strategies.
5. That the ACT designs and implements preventative and targeted health campaigning and interventions that are developed in consultation with ATOD sector experts, priority populations, and people with lived and living experience, to support the diverse range of alcohol concerns.
6. A health equity framework and harm reduction approach should be used to inform Government and any broader policy-making decisions regarding alcohol consumption and dependence.

## Explanatory notes

Due to rising alcohol-related deaths and an increasing proportion of ATOD service users reporting alcohol as their primary drug of concern,<sup>4</sup> there is a need to address alcohol-related policies. As tight restrictions on alcohol availability are unsustainable and unrealistic, a harm reduction approach to policy formulation will consider how the needs of the whole community can best be served without increasing harm to any portion of the community. A harm reduction approach recognises that people will continue to use alcohol but ensures the availability of alcohol is reduced, demand is reduced, and harm reduction measures are implemented and maintained.<sup>9</sup>

### ACT ATOD treatment services

In 2023, alcohol was found to be a drug of concern in approximately half (46 percent) of all treatment episodes in the ACT.<sup>10</sup> The AIHW found that the main treatment services for alcohol, tobacco and other drugs (ATOD) in 2022-23 were counselling, assessment, and support and case management, while the full scope of ATOD treatment services included withdrawal management, rehabilitation, and information and education.<sup>4</sup> Within the ATOD sector in the ACT, the need for programs or models of care that meet individuals at their stage of alcohol recovery are important to those accessing treatment or seeking to reduce harms from alcohol. Under current models, abstinence is required for access to the rehabilitation services and many others require abstinence to be the treatment goal in the ACT. Detoxification from alcohol is clinically risky and can expose individuals to serious medical complications and risk of death. Co-occurring mental health concerns can make detoxification harder to achieve, as can circumstances such as insecure housing. Where full abstinence may not be achievable or desirable, there is scope for a harm reduction approach that accounts for the whole person and recognises reduction of alcohol consumption to safer levels, for the individual and their community, as a reasonable goal of treatment. It would be beneficial for models of care to acknowledge the non-linear pathway that recovery can follow, where multiple attempts at abstinence or reduction of alcohol consumption are common. Ensuring that there is adequate resourcing and staffing for different models of care that consider the diverse range of needs for alcohol reduction and withdrawal, such as the peer worker model, is paramount. Future models of care should acknowledge that there are specific needs to be addressed by ATOD services for specific populations, such as Aboriginal and Torres Strait Islander people, young people, the LGBTIQ+ community, the CALD community, people experiencing poor mental health, and people experiencing or at risk of homelessness. Workers in current ACT treatment services have noted the need for models of care that are person centred and provide harm reduction treatment options.

**Recommendation 1.1.** ATODA recommends that the ACT Government works with the ATOD sector to explore areas for appropriate resourcing and capacity building for the treatment of alcohol dependence within ACT ATOD treatment services, to support best-practice harm reduction models of care.

**Recommendation 1.2.** ATODA recommends that ATOD treatment services be supported to develop models of care that are adaptive and responsive to the diverse range of needs for alcohol reduction and withdrawal across different population groups.

### Town planning, zoning, and licensing for alcohol harm reduction

Alcohol consumption tends to increase with greater physical availability<sup>11</sup> and in order to reduce alcohol-related harms, the availability of alcohol should be limited. This can be achieved by reducing the trading hours that alcohol is sold and reducing alcohol outlet density. Research has demonstrated that people in more socioeconomically deprived areas are often closer in proximity to alcohol outlets than those in less deprived or wealthier areas.<sup>12</sup> As such, there is a need for geospatial awareness of alcohol use and dependence patterns across Australia, including in the ACT. A review and subsequent amendment of neighbourhood planning and zoning that reduces alcohol availability and visibility, such that interventions are implemented in areas where alcohol availability is high, would assist in decreasing inequities of alcohol-related harm.<sup>13</sup>

**Recommendation 2.1.** ATODA recommends that town planning, zoning and licensing regulations in the ACT be reviewed and amended such that alcohol outlets are not disproportionately clustered together. Where licensed venues are clustered, interventions targeting licensed venues should be implemented.

### Online Sales and Delivery

Alcohol health and social harms are exacerbated by the increasing availability of alcohol facilitated by the online sales and delivery of alcohol. ATODA recommends that legislative reform in the ACT addresses the need for a separate license for online sales and delivery, RSA training for all delivery agents, regulation of the volume of liquor delivered, regulation of the frequency of liquor deliveries, and the collection of alcohol delivery data (See ATODA submission to the ACT Government, September 2023). Legislation for online sales and delivery could address the fact that 77 percent of individuals who ordered rapid delivery weekly would have stopped drinking if the online sales and delivery of alcohol was not possible<sup>14</sup> and that 1 in 5 Australian adults use alcohol delivery websites to continue a home drinking session.<sup>15</sup> Rapid delivery of alcohol often results in risky levels of drinking to individuals, where marketing for online sales is predatory towards those most dependent or using alcohol in risky ways. Facilitating the access to alcohol through online sales and delivery threatens the safety of the families of alcohol consumers, as well as the consumers' health.<sup>16</sup>

**Recommendation 2.2.** ATODA recommends that the online sales and delivery of alcohol licensing should be reformed to decrease rapid consumption of alcohol and prevent alcohol-related harm, including harms related to domestic and family violence.

### Alcohol industry and its involvement in policy

Although it is rightly deemed inappropriate for the tobacco industry to be involved in tobacco policy development and monitoring, in order to protect public health from commercial interests, the alcohol industry continues to have a significant voice in shaping alcohol policy. Although there are policies that require public officials to protect health policies from the commercial interests of the tobacco industry,<sup>17</sup> the involvement of the alcohol industry in alcohol policy-making persists. In the case of the ACT Liquor Advisory Board, the current general membership, where eight members are appointed by the Minister, is comprised as follows:

- One is appointed on the basis of their expertise in the health impacts of alcohol,
- Two other members represent community interests and safety concerns,
- Five members are appointed to represent the alcohol industry or night-time economy.

The dominance of alcohol industry interests is in direct conflict with one of the main objectives of the board, which is to regulate the sale, supply, promotion and consumption of liquor to reduce the harms associated with its consumption. The alcohol industry's involvement is concerning as they continue to deny or downplay the harms of alcohol in contradiction to the scientific literature.<sup>18, 19</sup> At the Federal level, the Alcoholic Beverages Advertising Code (ABAC) is the regulator of alcohol advertisements, created and regulated by the alcohol industry itself. Independent regulation of the alcohol industry would provide the government an opportunity to prioritise public health and prevent social harms. Test purchasing is a suggested method to monitor alcohol sales to excluded persons, such as evidently intoxicated persons or minors, to reduce intoxication, consumption, harms, and to prevent crime. Research in other countries that engaged underage individuals to conduct test purchases of alcohol found it can be an effective harm reduction measure, but further research in the Australian context is recommended.<sup>20</sup>

**Recommendation 3.1.** ATODA recommends that the membership of the Liquor Advisory board is reviewed to ensure that a majority of the membership represents public health and community interests in the ACT, including members who are a part of the ACT ATOD sector or have lived or living experience of the harms of alcohol.

**Recommendation 3.2.** ATODA recommends that the inclusion of the alcohol industry in any policy decision-making is limited in future, including the ABAC, due to the government's responsibility to prioritise public health and social harm benefits above commercial interests in alcohol-related matters.

**Recommendation 3.3.** ATODA recommends that the alcohol industry should be regulated by the ACT Government to ensure it upholds the legislation set out in the *Liquor Act 2010*, through the use of regulators independent to the alcohol industry.

### Regulation of the alcohol industry's marketing

Following the release of the 'Hard Solo' beverage, the Alcohol Beverages Advertising Code (ABAC) found that, despite their pre-approval, the drink has a "strong or evident appeal to minors".<sup>21</sup> Particularly as alcohol is "one of the most harmful psychoactive substances" with much weaker controls on marketing than any other psychoactive product<sup>22</sup>, it is recommended that there should be government-led regulation of alcohol marketing. Alcohol companies cannot be setting and policing their own rules about alcohol marketing.<sup>23</sup> Alcohol advertising takes advantage of the fact that 36 percent of alcohol is sold to 5 percent of people, whereby industry profits from alcohol dependent individuals, who report a stronger urge to drink alcohol when confronted with alcohol-related cues.<sup>22, 24</sup> The alcohol industry specifically markets to particular groups without consideration for the disproportionate harms that this may cause, based on data that is collected without consumer consent.

Targeted advertising on social media and online allows the alcohol industry to create tailored advertisements to individuals based on application algorithms and creates easy links to the online sales and delivery of alcohol<sup>25</sup>. Subsequently, the AIHW<sup>1</sup> found that 73 percent of ACT residents would support limiting alcohol advertising online and on social media. Promotion of impulse purchasing, extreme discounts, minimum spend discounts, and free delivery offers allow for harmful encouragement of high-risk alcohol use. The current ACT legislation surrounding 'prohibited promotional activity' restricts advertising that encourages rapid or excessive consumption of liquor, however the alcohol industry is able to find ways around this legislation. Alcohol Change Victoria finds that further specific legislation should limit alcohol advertising that is not in the public interest. This would include restriction of the use of personal data for alcohol marketing purposes, delivery of direct prompts and push notifications for the sale of alcohol, and promotion of inducement to buy alcohol products.<sup>25</sup>

**Recommendation 4.1.** ATODA recommends that the ACT Government reviews the impacts of alcohol marketing, inclusive of social media advertising and advertising from licensed venues.

**Recommendation 4.2.** ATODA recommends the regulation of packaging of alcoholic beverages such that it does not appeal to specific populations.

### Brief interventions

A brief intervention (BI) is an evidence-based approach to working with individuals who are using alcohol.<sup>26</sup> The goal is to meet individuals at their current level of alcohol use to provide information about the harms associated with their use of alcohol or the risky consumption of alcohol more broadly. They are used as a brief screening tool to increase awareness and foster deeper engagements with individuals about the health harms of alcohol, however they are not used as a stand-alone treatment. Following relevant training, those administering BI's were more likely to report that their involvement influenced a patient's substance use.<sup>27</sup>

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### **Case study - Drink in Check, an ACT-based Brief Intervention Project**

In 2021-22, ATODA worked with three ACT universities to train wellbeing staff and psychology and nursing students to implement the Drink in Check alcohol brief intervention training. This provided participants with the skills to utilise the Alcohol Use Disorders Identification Test (AUDIT) with a brief intervention (BI). Adapted from an evaluated University of Western Australia program, designed to address risky levels of alcohol consumption in college accommodation, ATODA delivered Drink in Check training to 59 student leaders and staff. Over the course of six months, 217 AUDITs were delivered by the participants trained in the project, where 154 of these were delivered to students. The results of the AUDIT confirmed previous findings of high rates of risky drinking amongst Australian university students (43% identified as risky drinkers,  $n=66$ ). This study identified the potential of training university staff to screen and provide BI's to students, particularly those residing on-campus. The project's design is readily transferable to other priority populations and jurisdictions.<sup>28</sup>

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**Recommendation 5.1.** ATODA endorses the use of brief interventions to reduce individuals' consumption of alcohol, particularly to priority populations, to better align with the national guidelines for recommended alcohol consumption.

### Public health messaging for alcohol

Aggressive marketing by the alcohol industry can be countered with public health marketing, to balance consumer opinions on alcohol. Research has found that counter-advertisements at alcohol-sponsored events that addressed health harms of alcohol may influence individuals to drink less.<sup>29</sup> There is low public awareness of long-term alcohol-related health harms, and there is an identified gap in current advertisements. To help inform public understanding of long-term harms, such as cancer and cardiovascular disease, education through advertisements or health campaigns regarding long-term harms may help counter industry marketing tactics and reduce risky drinking behaviours.<sup>5,30</sup> Notably, the lived experience of those who best understand the harms of alcohol should be utilised in the development of health promotion messages such that health promotion is done *with* communities.<sup>31</sup> Young peoples' drinking habits should be prioritised to reduce the occurrence of health and social harms, which include learning difficulties, memory problems, and increased likelihood of unsafe sex and physical violence from binge drinking. The regulation of alcohol marketing is an important step to reduce alcohol uptake for young people under the age of 18, alongside awareness campaigns to reduce parental supply and class-room harm reduction programs for high school-age children.<sup>32</sup>

The current alcohol health warning labels are not sufficiently effective, reported to be unnoticeable and raising little awareness on the health harms of alcohol.<sup>33</sup> A recent FARE survey found that 78 percent of Australians support the introduction of health warnings on the labels of alcohol products. The expansion of warning labels can increase community awareness of the health harms of alcohol. Simple, specific, and visible labels, with targeted statistics and images, are a method of changing societal norms and discourse surrounding alcohol in the long-term.<sup>34,35</sup>

**Recommendation 5.2.** ATODA recommends a tailored ACT public health advertising campaign on alcohol-related harms that takes a health and wellbeing approach.

**Recommendation 5.3.** ATODA recommends the expansion of health warnings on alcohol products to include the range of health harms caused by alcohol.

**Recommendation 5.4.** ATODA recommends a review of current policies and practices that delay alcohol uptake for young people, particularly those under the age of 18.

### Health Equity

The purpose of reforms to alcohol policy should be to ensure equity of health outcomes across the population, noting that the social determinants of health can raise or lower the risk of harm from alcohol. Intersectional life experiences such as housing, employment status, socioeconomic status, family, the impacts of colonisation for Aboriginal and Torres Strait Islander peoples, and experiences of trauma can influence alcohol use and in turn, how the harms of alcohol are experienced.<sup>13,36,37</sup> Further research should seek to address Australia's lack of specific geographical modelling of alcohol consumption across subsets of the population, to aid the development of government policies that support priority populations.<sup>13</sup> Future policy should also consider how health equity is being served by reforms around alcohol use and alcohol-related harms for different populations, including priority populations.

**Recommendation 6.1.** ATODA supports reform within a health equity framework that addresses the harms experienced by priority populations, including but not limited to Aboriginal and Torres Strait Islander peoples, young people, CALD populations, and people with co-occurring issues and complex needs.

**Recommendation 6.2** ATODA supports self-determination and community-led responses around alcohol use and harm reduction in Aboriginal and Torres Strait Islander communities.

**Recommendation 6.3.** ATODA supports the disaggregation of statistics related to alcohol consumption and alcohol-related harm beyond sex and gender, to encompass socioeconomic factors and address geospatial differences, to better engage with demographic- and place-specific alcohol use to inform future policy. ATODA welcomes future research and funding towards this topic.

**Note**

While the term AOD (alcohol and other drug) is commonly used to refer to the alcohol, tobacco and other drug sector, ATODA's preference is to use the term ATOD. This acknowledges the role that specialist service providers in this sector play in providing tobacco cessation support, and because tobacco use is the leading preventable cause of the burden of disease in Australia, contributing far more than alcohol or all illicit drugs combined.

Date adopted: 17 May 2024

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**Information from this document can be reproduced using the following details:** Alcohol, Tobacco and Other Drug Association ACT (ATODA). Reducing Alcohol-related harms in the ACT. ATODA, 2024.

**Acknowledgment**

ATODA recognises Aboriginal and Torres Strait Islander peoples as the first custodians of the lands and waterways of Australia. We pay our respects to elders past and present.

ATODA acknowledges the Ngunnawal people as traditional custodians of the land we work on and recognises any other people of families with connection to the lands of the ACT and region. ATODA acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region. ATODA recognises and continues to learn from the contributions of Aboriginal and Torres Strait Islander peoples to the alcohol, tobacco and other drug sector.

**Artwork:** Unspoken History, Map of Pain by Sharon (2020). To learn more, go to: <https://www.atoda.org.au/featured-artwork/>

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