

## **Response to consultation draft National Alcohol Strategy 2018-2026**

After seven years without a National Alcohol Strategy, Uniting ReGen is pleased to see that the Ministerial Drug and Alcohol Forum (MDAF) has released the Consultation Draft for public consultation. It is also pleasing to see that the Consultation Draft has incorporated feedback from the public health and community sectors, largely aligns with a number of international strategies, and includes evidence-based measures that have been proven to be effective in preventing and minimising alcohol related harm.

However, a strategy is only as effective as its implementation. While the Consultation Draft provides a good summary of the evidence and outlines evidence-based 'opportunities for action', it lacks detail on implementation. Without clear priorities, commitments, timeframes and accountability mechanisms, a new National Alcohol Strategy will not achieve change.

ReGen provides the following feedback on the [consultation draft](#) of the 2018-2026 National Alcohol Strategy:

### **General comments**

- The consultation draft provides a clear picture of alcohol related harm in Australia and available policy measures to reduce the impact of alcohol consumption on public health, safety and community wellbeing. However, it lacks detail on the rationale for the prioritisation of areas for focus and the likely allocation of funding resources across (and within) those priority areas. The draft Strategy also lacks detail on how it will be implemented (including how consumers and communities will be included in the implementation and review) and the level of commitment from the various levels of Government. As noted in the joint National Alliance for Action on Alcohol (of which ReGen is a member organisation) and FARE Australia response to the consultation draft indicates, the current National Road Safety Strategy should provide the model for the level of detail and accountability to be included in the National Alcohol Strategy.
- The consultation draft identifies key at risk groups, but fails to consider the social determinants of health and their role in increasing people's vulnerability to alcohol related harm. Reducing alcohol Supply, Demand and Harm would be more effective if occurring within a clearly co-ordinated approach to improving public health and wellbeing.
- While it is good to see 'older people' identified as an at-risk population for alcohol related harm, the consultation draft does not recognise the increased overdose amongst this group (when alcohol consumption co-occurs with the consumption of analgesic or other prescribed medications), propose any actions to address this risk or consider the need for [targeted approaches](#) to reducing alcohol related harm amongst this or other at-risk populations.

### **Evidence based policy & meaningful measures of success**

- The consultation draft provides little evidence for the effectiveness of the various policy options included within the strategy, nor how it will prioritise initiatives that are likely to have the greatest impact on alcohol related harm.

- It also includes little mention of targets to be achieved during the eight years the strategy is in place, or how responsibility for achieving them may be allocated across relevant jurisdictions.
- While some important measures of population level impacts are included, there is a clear need for more detailed (and comparative) outcomes evaluation of the various activities included within the strategy.

### Improving treatment

- While specialist alcohol and other drug treatment services will only be appropriate for a small proportion of the population, access barriers (particularly in regional and rural areas) have a disproportionate impact on individual, family and community wellbeing and demand for other health and community services. Increasing the capacity of alcohol and other drug treatment services to meet demand has the potential to deliver a significant reduction in intensive use of crisis services by people with complex needs and longer term improvements in health and wellbeing.
- While older people are identified as a priority population, the consultation draft provides no recognition of the likely changes that will be required within health and other community service systems to cope with and respond to the combined impacts of population ageing and increasing alcohol (and other drug) harm amongst older people. There is a significant need for investment in workforce development and trialling of targetted approaches for older people to ensure that services are accessible and effective.

### Recommendations

ReGen makes the following recommendations for the further development of the 2018-2026 National Action Strategy:

1. Adopt the National Road Safety Strategy 2011-2020 as the model for the level of detail on policy targets, accountability and prioritisation of included activities;
2. Commit to those evidence based policy measures that will have the greatest impact on alcohol related harm;
3. Commit to regular monitoring of (and public reporting on) progress towards established targets;
4. Commit to increasing the capacity of health and community services to provide accessible, evidence based and effective supports for people experiencing alcohol related harm; &
5. Consider the extent to which the Strategy can be integrated with other policy initiatives to support systemic approaches to improving community health and wellbeing.