



Central Australian  
**Aboriginal Congress**  
ABORIGINAL CORPORATION | ICN 7823

## Response to the Draft National Alcohol Strategy 2018-2026

10 February 2018

### Summary

The National Alcohol Strategy (NAS) should:

- commit to the development of a complementary, Aboriginal-specific strategy to reduce the harm caused by alcohol, to be led by Aboriginal organisations and expertise
- specify that the NAS Reference Group contain senior Aboriginal representation
- set the national target for a reduction in harmful alcohol consumption at 20%
- supplement this with a national target for a reduction in alcohol consumption
- either make clear recommendations on the most effective 'opportunities for action' to be adopted; or set out an agreed process for the NAS to be implemented through the collaborative establishment of three-yearly action plans which contain such practical recommendations
- make *Managing availability, price and alcohol promotion* (currently Priority 2) the first priority under the NAS
- recommend a ban on donations from the alcohol industry to political parties
- include annual public reporting in the reporting and monitoring processes
- recommend the establishment of a publicly accessible national alcohol data infrastructure, disaggregated by Aboriginality where appropriate

### Background

1. Central Australian Aboriginal Congress (Congress) is pleased to provide this response to the consultation draft *National Alcohol Strategy 2018 – 2026* (NAS) released by the Council of Australian Governments' Ministerial Drug and Alcohol Forum (MDAF).

**Central Australian Aboriginal Congress**  
**Aboriginal Corporation**

ABN 76 210 591 710 | ICN 7823  
PO Box 1604, Alice Springs NT 0871  
(08) 8951 4400 | [www.caac.org.au](http://www.caac.org.au)

**Aboriginal health**  
**in Aboriginal hands.**

2. Congress is a large Aboriginal<sup>1</sup> community controlled health service based in Alice Springs. Since the 1970s, we have developed a comprehensive model of primary health care delivering quality, evidence-based services on a foundation of cultural appropriateness. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people.
3. Congress has been active for many years in both the treatment of alcohol-related problems amongst the communities we serve, and in advocating for evidence-based policy to prevent alcohol-related harm.

### **Need for complementary Aboriginal-specific approaches**

4. Congress welcomes the drafting of a new comprehensive and evidence-based strategy to guide action on reducing alcohol-related harm, after the last National Alcohol Strategy expired in 2011. A national strategy is important for us because mainstream policy on alcohol impacts strongly on Aboriginal communities in their attempts to reduce the harms caused by alcohol. We also welcome the NAS' Recognition of Aboriginal and Torres Strait Islander people as a group that suffers disproportionate impacts from alcohol.
5. Nevertheless, we urge that the NAS specifically commits to the development of complementary, Aboriginal-specific approaches, for example through the development of a replacement for the *National Aboriginal Torres Strait Islander Peoples Drug Strategy* which expires next year. The development of such a Strategy must be led by Aboriginal organisations and expertise.

### **Positives in the draft NAS**

6. In addition to the recognition of the specific needs of Aboriginal peoples, we acknowledge a number of other positive aspects of the draft NAS, including:
  - a. the establishment of a national Alcohol Reference Group that specifically excludes membership of the alcohol industry (although see paragraph 12 below about addressing the potential distortion of the policy-making process through political donations from the alcohol industry);
  - b. the identification of availability, price and alcohol promotion as a priority area for action to reduce alcohol-related harm (although see also paragraph 11 below);
  - c. the establishment of governance and monitoring structures that include a reporting framework; a research and evidence agenda; reporting to the National Drug Strategy Committee (NDSC) every three years; and a detailed mid-point review and evaluation of the Strategy; and

---

<sup>1</sup> This paper uses the term 'Aboriginal' to refer to 'Aboriginal and Torres Strait Islander' and/or 'Indigenous' on the basis that this is the preferred term in Central Australia where Congress is based.

- d. a monitoring progress section that includes indicators to underpin reporting

## Areas for further work in the draft NAS

### Aboriginal representation

7. In recognition of the disproportionate impact of alcohol on Aboriginal communities, the NAS should specify that the Alcohol Reference Group contain senior Aboriginal representation.

### National targets

8. While we are pleased to see the adoption of an unambiguous national target of a 10% reduction in harmful alcohol consumption by 2026, we believe that given the severe impacts of alcohol in Aboriginal communities, the target should be increased to a target of a 20% reduction in harmful alcohol consumption;
9. We also note that measuring harmful alcohol consumption relies on self-report through surveys which may only occur every few years (the National Aboriginal and Torres Strait Islander Social Survey, for example is conducted only six-yearly). Accordingly, we advocate that the goal of reducing harmful consumption should be supplemented by a national target for a reduction of population alcohol consumption over the period of the Strategy, as measured by the proxy of wholesale alcohol sales (see also paragraph 15 below).

### Opportunities for action

10. The 'opportunities for action' identified in the NAS are presented only as options to be considered, with no assessment of their likely effectiveness and no recommended actions: strongly evidenced, cost effective approaches such as action on the price of alcohol are presented alongside poorly evidenced approaches such as provision of point-of-sale information on the risks of harmful drinking. The NAS should either make clear recommendations of the most effective 'opportunities for action' to be adopted; or set out a process for the NAS to be implemented through the collaborative establishment of three-yearly action plans which contain such practical recommendations.

### Price, availability and promotion

11. "Managing availability, price and alcohol promotion" (currently Priority 2) should be the first priority under the NAS, in recognition of the evidence that it presents the most likely suite of measures to lead to population-level change in consumption and harm.

### Taking action on political donations

12. While the exclusion of the alcohol industry from representation on the Alcohol Reference Group is welcome, the NAS fails to address the risk of the

distortion of the policy-making process posed by donations from the alcohol industry to political parties. It should recommend a ban on such donations.

13. The alcohol industry continues to be a major political donor, with the latest figures showing that in 2016-17 its representatives donated over \$430,000 to the two major Australian political parties<sup>2</sup>. Independent studies have shown that political donations have an undue influence on political and policy making processes<sup>3</sup> and most Australians (72%) believe that political parties should not be able to receive donations from the alcohol industry<sup>4</sup>.

### Reporting and monitoring

14. To ensure adequate public accountability for actions and the achievement of the NAS targets, reporting and monitoring processes should include annual public reporting, not just three-yearly to the National Drug Strategy Committee (NDSC).

15. The NAS should recommend the establishment of a publicly accessible national alcohol data infrastructure that would allow for targeting of effort at areas of most need and ongoing, routine monitoring of the effect of programs and policies aimed at reducing alcohol-related harm. This should include appropriate longitudinal datasets able to be analysed at a regional level containing agreed minimum datasets on sales / consumption and alcohol-related harms, with appropriate identification of Aboriginality wherever possible. Such a national dataset should include the following.

<b><u>Main indicators</u></b>	<b><u>Additional Measures</u></b>
<ul style="list-style-type: none"> <li>• Apparent per capita consumption</li> <li>• Hospital separations for selected acute and chronic alcohol-related conditions</li> <li>• Alcohol-related deaths</li> <li>• Confirmed assaults</li> <li>• Serious road injuries (fatalities or injuries requiring hospitalisation)</li> <li>• Proportion of alcohol consumed at risky and high-risk levels</li> <li>• Proportion of the population drinking at risky and high-risk levels</li> <li>• Estimated acute and chronic hospital separations attributed to risky and high-risk drinking</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol-related admissions to treatment agencies</li> <li>• Ambulance callouts</li> <li>• Admissions to sobering up shelters</li> <li>• Apprehensions without arrest/ protective custodies</li> <li>• Night patrol encounters</li> <li>• Confirmed public order incidents</li> <li>• Alcohol-related prison reception</li> </ul>

<sup>2</sup> *The Guardian* 1 February 2018. 'Political donations 2016-17: search the declarations by Australian parties'. <https://www.theguardian.com/news/datablog/ng-interactive/2018/feb/01/political-donations-2016-17-search-the-declarations-by-australian-parties>

<sup>3</sup> Peoples C D. *Yes, Contributions Really Matter. But How? And What are their Broader Impacts?* . 2014; Available from: <https://ethics.harvard.edu/blog/yes-contributions-really-matter>

<sup>4</sup> Foundation for Alcohol Research and Education (FARE) and Galaxy Research, *Annual Alcohol poll 2017*. 2017, FARE: Australian Capital Territory