

## **Injury Matters submission to the inquiry into the health impacts of alcohol and other drugs in Australia**

**- September 2024 -**

Injury Matters congratulates the Hon Mark Butler MP and the House of Representatives' Standing Committee on Health, Aged Care and Sport for its response to the harms that alcohol and other drugs are having on the Australian community via the establishment of an inquiry into the health impacts of alcohol and other drugs in Australia.

As a not-for-profit organisation, Injury Matters innovates and delivers injury prevention and recovery programs and solutions that empower people, organisations and policymakers across Western Australia (WA) to make informed, safer choices. From road safety to trauma recovery and falls to substance-related harm, we provide vital frontline education and support programs. Moreover, we share equally critical research that enables agencies and policymakers to make informed policy decisions that help mitigate the personal and broader economic impacts and knock-on effects that injuries have in communities across WA.

In working to prevent and reduce the impact of injury and support those affected, Injury Matters recognises the role that alcohol and other drug use can have on an individual's health and wellbeing. Given that alcohol is the most widely used drug in Australia<sup>1</sup> and that alcohol is the leading risk factor for injury<sup>2</sup>, Injury Matters submission will focus on the health impacts of alcohol use in Australia.

In 2022-2023, almost 1 in 3 Australians aged 14 years and over drank alcohol in ways that put their health at risk.<sup>1</sup> Due to the impact that alcohol use has on an individual's physical and mental functioning, alcohol use can increase the risk of injury and therefore Injury Matters is very concerned about the risky levels of alcohol consumption in Australia. The negative impact of alcohol on an individual's injury risk cannot be questioned due to alcohol contributing to 1,950 injury deaths and 30,024 injury hospitalisations in Australia in 2019-20.<sup>3</sup>

Given Australia's ageing population, of additional concern is the high rates of risky alcohol and other drug use among older adults. The latest National Drug Strategy Household Survey indicates that people aged 60-69 had the highest proportion at risk of alcohol-related disease or injury and that there has been an ongoing increase in older adults who had used illicit drugs in the previous year.<sup>1</sup>

Injury Matters has provided information addressing the terms of reference below. If you require any clarity or additional information, please contact Injury Matters Injury Prevention General Manager Rachel Meade on (08) 6166 7688 or via email at [rmeade@injurymatters.org.au](mailto:rmeade@injurymatters.org.au).

## 1. Australia's alcohol and other drug services

### 1.1 Service availability

In Australia, approximately 131,500 people aged 10 years and over received treatment from alcohol and other drug treatment services in 2022-23.<sup>4</sup> Alcohol was the most common principal drug of concern that people were receiving treatment for, with 92,417 alcohol-related treatment episodes demonstrating a significant increase from the 48,500 provided in 2003-04.

It is important to remember that in addition to the 131,500 people who were supported by alcohol and other drug treatment services in 2022-23, many more would benefit from the support provided by the services. Population-based modelling released in 2019 indicated that an additional 180,000 – 553,000 people would be accessing alcohol and other drug treatment in Australia if the demand was to be met.<sup>5</sup> These individuals can encounter several barriers to accessing the help that they need, and therefore, it is vital that activities are conducted to increase the accessibility of support services.

The 2024-25 Federal and State Government Budgets include funding for prevention programs and treatment services across the country, which is a positive step. However, more long-term funding for evidence-based prevention programs and treatment services is needed to curve the burden that alcohol and other drugs are having on the Australian community. It was estimated that tobacco, alcohol and other drug addiction cost \$71.3 billion in 2021<sup>6</sup>, therefore significant additional resourcing is required to mitigate alcohol and other drug harm.

### 1.2 Service equity

There are a range of personal factors that can affect an individual's biological response to alcohol, including, but not limited to their age, sex, genetics, metabolism, ethnicity, medication and pre-existing health conditions.<sup>7</sup> In addition to these factors, some sub-population groups can experience an increased risk of alcohol-related harm and/or an inability to access support services due to social exclusion, community stressors, language differences, transportation challenges and cultural norms. Similar to other health issues, alcohol-related harm disproportionately impacts disadvantaged members of the Australian community, including; individuals residing in remote areas, individuals with a low socioeconomic status and Aboriginal people.

Injury Matters welcomes the recent \$66 million funding boost to organisations working to reduce alcohol and other drug-related harm among our Aboriginal and Torres Strait Islander Australians and is hopeful that additional activities will be conducted to exceed the commitments within the National Agreement on Closing the Gap.

Given Australia's vast landscape and multicultural community, targeted awareness-raising activities, educational opportunities and support services are needed to provide tailored support to all members of our community. When co-designing initiatives with the community and using strength-based approaches to address the community's needs, the initiative can achieve its full potential. Therefore, Injury Matters supports the need for all alcohol and other drug-funded activities to be required to demonstrate how community engagement has informed their initiative and evaluate the impact of their initiative on the community's health and wellbeing.

### 1.3 Emerging priority population group – older adults

As acknowledged within the National Alcohol Strategy, older adults “have increased susceptibility to harmful alcohol use” and “with alcohol being the most commonly used substance among older people, under-detection of alcohol problems is of immediate concern”.<sup>8</sup> Despite this acknowledgement and the fact that Australia's population is rapidly ageing, there has been little investment in targeted programs and services that reduce alcohol and other drug-related harm among older adults.

Whilst there are initiatives focusing on reducing alcohol consumption in young people, there is little focus on prevention and other intercept interventions for older Australians. In addition to the health

deficits, this is contributing to a lack of awareness of the National Health Medical Research Centre (NHMRC) Alcohol Guidelines amongst the older Australian population and a lack of awareness about the long-term health effects of alcohol consumption.<sup>9</sup>

In addition to the need for awareness-raising and educational activities for older adults, health professionals must be provided with opportunities to build their capacity to understand alcohol and other drug use in older adults, and how they can support their clients/patients. Given the role of allied health professionals in preventing illness and maintaining older adults' independence, Injury Matters is currently conducting a pilot project 'Older Adults - Preventing Harm from Alcohol and Other Drugs', focusing on the provision of training to WA Allied Health Professionals on how to use the world-renowned ASSIST-Lite screening tool. Thanks to funding from Healthway, this initiative will increase the knowledge, skills and confidence of participants to identify older adults at risk of alcohol and other drug use and refer at-risk older adults to local alcohol and other drug services for further support.

Without increasing the rollout of targeted initiatives for older adults, it "may result in a greater need for treatment, longer duration of treatment, increased use of ambulance services, and higher rates of hospital admission".<sup>8</sup> In order to decrease the likelihood of these outcomes and to improve the overall health of our older adults, Injury Matters strongly advocates for the need for funding to implement the 'Older Adults - Preventing Harm from Alcohol and Other Drugs' program beyond its pilot period and other initiatives for older Australians.

## **2. Effectiveness of current alcohol and other drugs programs**

### **2.1 Data limitations**

Due to data collection challenges and limited research findings, there is limited evidence available regarding the influence of alcohol harm reduction strategies on the incidence of injury.<sup>10</sup> Longitudinal research projects and improved data collection processes, including mandating the recording of external cause codes and the involvement of alcohol, would greatly assist in measuring the effectiveness of alcohol and other drug programs in preventing injury emergency department attendances, hospitalisations and fatalities. Without these advancements, the incidence of alcohol-related injury hospitalisations and emergency department attendances will continue to be underreported, and at-risk patients will not be able to receive the full support they need.

### **2.2 Effectiveness of harm reduction initiatives**

Given that the National Drug Strategy provides an appendix of evidence-based and practice-informed approaches to harm minimisation, including initiatives focusing on; demand reduction, supply reduction and harm reduction,<sup>11</sup> Injury Matters entrust that the Committee has access to these evidence bases and therefore will not provide a list of the effectiveness of various initiatives.

However, we would like to take this opportunity to note that there has been a lack of public reporting regarding the effectiveness of the National Alcohol Strategy. Within the Strategy "a report every three years regarding Australia's progress towards the goal of a 10% reduction in harmful alcohol consumption over the life of the Strategy" and the "development of a detailed mid-point review and evaluation of the Strategy" are just some of the commitments noted. Injury Matters is disappointed that if these activities have been conducted, they have not been made publicly available. In order to increase cross-sectorial collaboration and the likelihood of achieving the Strategy's objectives, there should be transparency regarding its outcomes. The data indicates that over the last decade the harms from alcohol and other drugs have increased and that many Australians continue to consume alcohol at risky levels - now is the time for comprehensive evaluation and reporting activities to support the best allocation of resources and enable the future success of harm reduction initiatives.

## 2.3 Evidence-informed harm reduction initiatives needed

### 2.3.1 Minimum unit price for alcohol

Cheap alcohol products account for a small proportion of alcohol products for sale, however they are overrepresented in regard to the harm caused. Therefore it is of little surprise that research supports that reducing the affordability of alcohol is the single most effective intervention to reduce alcohol-related harms.<sup>12,13</sup>

A minimum unit price for alcohol focuses on reducing the disproportionate harm of alcohol by providing a targeted measure that seeks to reduce alcohol use among individuals who drink at high-risk levels, without affecting those who drink at low-risk levels. Combined with other complimentary population-wide initiatives, the introduction of a floor price in the Northern Territory has been effective in reducing the purchasing of low-cost, high-alcohol products in the Northern Territory and there is evidence of a reduction in alcohol-related harms.<sup>14</sup> With minimal implementation and ongoing costs, alongside the proven benefits in the Northern Territory, the introduction of a minimum unit price for alcohol across all jurisdictions in Australia would be an appropriate 'good value for money' policy to implement.

Alongside several leading harm reduction organisations, Injury Matters calls for the introduction of a minimum price for alcohol in Australia. This price should be set at an evidence-based level, regularly adjusted for inflation, and complemented by additional investment in alcohol and other drug treatment and support services as part of a comprehensive approach to minimising harm from alcohol.

### 2.3.2 Reduce exposure to alcohol marketing

There is no questioning that exposure to alcohol marketing has an influence on children and young people's beliefs and attitudes towards drinking alcohol, and the likelihood that adolescents will start to use alcohol.<sup>15,16</sup> The Alcohol Beverage Advertising Code (ABAC) Scheme has a significant role to play in preventing children and young people's exposure to alcohol marketing, however the largely unregulated nature of this Scheme is a key concern for Injury Matters.

For over 20 years the ABAC Scheme and its loopholes have enabled the alcohol industry to influence the governance of alcohol advertising in Australia. An assessment of formal complaints submitted to the independent Alcohol Advertising Review Board (AARB) found that 94% of the ads violated at least one of the AARB's youth provisions, while substantially fewer were in violation of the alcohol industry-run Alcohol Beverages Advertising Code.<sup>17</sup> This and additional research highlight that voluntary, industry-run codes are an ineffective means of protecting children and young people from alcohol advertisements in Australia.<sup>17</sup>

Health organisations and peak bodies have advocated for government-led regulation of alcohol marketing in Australia that is independent of the alcohol industry for too long. Now is the time for action. Central to these changes should be tighter restrictions and consequences regarding young people's exposure to alcohol advertising.

### 2.3.3 Awareness raising and education initiatives

Well-funded and sustained community-centred initiatives focusing on alcohol and other drug use, such as mass media public education campaigns informing the community of the harms of alcohol and other drugs, have been proven to be beneficial in changing community member's knowledge, attitudes and beliefs towards alcohol use and therefore should be further rolled out in Australia.<sup>18,19</sup>

To date, limited evidence exists regarding the effectiveness of education programs that aim to increase young people's knowledge of alcohol-related harm and influence attitudes towards alcohol use, however this may be attributed to their often low frequency of duration.<sup>20-22</sup> Additional resources should be provided to better test the effectiveness of these initiatives.

### 3 Multisectoral collaboration

Due to the layered nature of harm resulting from alcohol and other drug use, there is no single solution to stamping out its harm. However, coordinated policy, environmental and community-focused prevention initiatives will increase the safety of our community. Injury Matters welcomes the inclusion of multisectoral collaboration as a key term identified by the Committee.

As recognised within the National Alcohol Strategy “preventing and minimising alcohol-related harms in Australia cannot be achieved by governments alone ...coordination and collaboration across jurisdictions, portfolios and the community is essential.”<sup>8</sup> Injury Matters supports this statement, however given the harms that alcohol continues to have on the Australian community, improved cross-agency collaboration is required. Alcohol and other drug use has an impact on a range of sectors (not just health) and therefore all sectors must contribute to the prevention, early intervention, recovery and reduction of alcohol and other drugs in Australia.

In addition to different sectors contributing to harm reduction initiatives, different roles also play a role. Researchers, educators, marketers, outreach workers, policy makers, individuals with lived experience, and many others all have valuable skills that should be leveraged to make our community safer.

The competing priorities of the liquor industry, tourism industry, hospitality industry and the health sector can make it significantly challenging to ensure that preventing harm is the highest priority. It is vital that all sectors collaborate towards meaningful change.

### 4 References

1. Australian Institute of Health and Welfare. *National Drug Strategy Household Survey 2022–2023*.  
<https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about> (2024).
2. AIHW. Australian Burden of Disease Study 2018: Interactive data on risk factor burden. *Australian Institute of Health and Welfare* <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/about> (2021).
3. Australian Institute of Health and Welfare. *Alcohol-Related Injury: Hospitalisations and Deaths, 2019–20*. <https://www.aihw.gov.au/reports/injury/alcohol-related-injuries-2019-20/contents/about> (2023).
4. Australian Institute of Health And Welfare. *Alcohol and Other Drug Treatment Services in Australia Annual Report*. <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/about> (2024).
5. Ritter, A., Chalmers, J. & Gomez, M. Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model. *J. Stud. Alcohol Drugs Suppl. Suppl. 18*, 42–50 (2019).

6. Rethink Addiction & KPMG. *Understanding the Cost of Addiction in Australia*.  
<https://www.rethinkaddiction.org.au/understanding-the-cost-of-addiction-in-australia> (2022).
7. National Health and Medical Research Council. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. (2020).
8. Department of Health. *National Alcohol Strategy 2019–2028*. (2019).
9. Chapman, J., Harrison, N., Kostadinov, V., Skinner, N. & Roche, A. Older Australians' perceptions of alcohol-related harms and low-risk alcohol guidelines. *Drug Alcohol Rev.* **39**, 44–54 (2020).
10. Chikritzhs, T. & Livingston, M. Alcohol and the Risk of Injury. *Nutrients* **13**, 2777 (2021).
11. Department of Health. *National Drug Strategy 2017-2026*. (2017).
12. Wagenaar, A. C., Salois, M. J. & Komro, K. A. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* **104**, 179–190 (2009).
13. Gilmore, W. *et al.* Alcohol: taking a population perspective. *Nat. Rev. Gastroenterol. Hepatol.* **13**, 426–434 (2016).
14. Yarning & frontier economics. *Evaluation of Minimum Unit Price of Alcohol in the Northern Territory*.  
[https://health.nt.gov.au/\\_\\_data/assets/pdf\\_file/0010/1146448/evaluation-mup-alcohol-nt.pdf](https://health.nt.gov.au/__data/assets/pdf_file/0010/1146448/evaluation-mup-alcohol-nt.pdf) (2022).
15. Jernigan, D., Noel, J., Landon, J., Thornton, N. & Lobstein, T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addict. Abingdon Engl.* **112 Suppl 1**, 7–20 (2017).
16. Sargent, J. D. & Babor, T. F. The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal. *J. Stud. Alcohol Drugs Suppl.* 113–124 (2020) doi:10.15288/jsads.2020.s19.113.
17. Jongenelis, M. I. *et al.* Are Australian regulatory codes adequate in scope to protect youth from alcohol advertising? *Health Promot. J. Austr.* **32**, (2021).
18. Young, B. *et al.* Effectiveness of Mass Media Campaigns to Reduce Alcohol Consumption and Harm: A Systematic Review. *Alcohol Alcohol. Oxf. Oxf.* **53**, 302–316 (2018).
19. Alcohol. Think Again. Parents, Alcohol and Young People 'I need you to say no'. (2021).
20. Miller, P., Curtis, A., Chikritzhs, T. & Toumbourou, J. *Interventions for Reducing Alcohol Supply, Alcohol Demand and Alcohol-Related Harm: Final Report*. 110  
<https://www.aic.gov.au/publications/ndlerfmonograph/ndlerfmonograph57> (2015).

21. Newton, N. C. & Lee, N. Evidence-based prevention and the need for tough decisions: Alcohol and other drug education in schools. *Drug Alcohol Rev.* **38**, 595–596 (2019).
22. Slade, T. *et al.* The long-term effectiveness of universal, selective and combined prevention for alcohol use during adolescence: 36-month outcomes from a cluster randomized controlled trial. *Addiction* **116**, 514–524 (2021).