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To the Committee Secretary
House Standing Committee on Health, Aged Care and Disability

Deakin University Submission to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia

Introduction

Deakin University's Faculty of Health welcomes the opportunity to contribute to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia. We commend the Committee for its focus on the wide-ranging and inequitable harms associated with alcohol use, and the need for coordinated, evidence-informed responses across sectors.

The Faculty of Health is one of the largest and fastest growing health faculties in Australia. It comprises five schools (Exercise and Nutrition Sciences; Health and Social Development; Medicine; Nursing and Midwifery; Psychology), three research institutes (Institute for Health Transformation; Institute for Physical Activity and Nutrition; Institute for Mental and Physical Health and Clinical Treatments), and strategic research centres including SEED Lifespan, Deakin Rural Health and the Centre for Drug use, Alcohol and Addictive Behaviour Research. Our multidisciplinary research spans chronic disease prevention, mental health, health equity, and systems reform, with strong partnerships across government, industry, and community sectors. Many of our researchers have expertise in addiction and harmful behaviours such as alcohol and drug use, harmful alcohol marketing and alcohol industry influence.

Our submission draws on expertise from across the Faculty and responds to both the Terms of Reference of the Inquiry and the accompanying Issues Paper developed by the Committee. Evidence has been selected from peer-reviewed studies, commissioned reports, and evaluations of community-led initiatives, with a focus on interventions that are effective, scalable, and aligned with national priorities. The structure of the submission mirrors the Inquiry's thematic areas, and recommendations are grounded in published findings, including those from Aboriginal Community Controlled Health Organisations and national research collaborations. We particularly emphasise the need for evidence-based, culturally safe, community-led approaches, alongside robust government laws and policies that embed prevention and equity into every aspect of alcohol harm reduction.

1. Equity, Value for Money, and Outcomes

Deakin research highlights the need for targeted, culturally safe, and trauma-informed approaches to alcohol harm reduction. This includes embedding equity principles into policy design, supporting Indigenous-led models of prevention and care, and investing in adolescent-focused coalition models that delay alcohol initiation.

- The *Industry Insight project* led by Prof Peter Miller found that alcohol-related harms are exacerbated in communities where policy responses are delayed or obstructed by industry lobbying.
- *Prof John Toumbourou's studies* (2007; 2013; 2018) show that community, family-based prevention and school engagement strategies have shown promise in reducing adolescent alcohol use. Toumbourou's (2018) analysis documented important achievements for youth alcohol prevention across Australia, with use in the second year of high school falling from 69% down to 43% from 1999 to 2015. This was explained by successful efforts to reduce underage alcohol sales and increase unfavourable parental attitudes to underage youth alcohol use. As one example Toumbourou's (2013) randomised school trial reduced adolescent binge drinking by 25% by discouraging parent supply of alcohol to underage youth.
- Toumbourou has championed the *Communities That Care* prevention model in Australia. A component evaluation of a 27-municipality randomised controlled trial by Rowland et al. (2022) found that the Communities That Care coalition model was effective in reducing adolescent alcohol use by 10% in 1-year, in Australian municipalities. The intervention led to reductions in alcohol sales to minors and increased the adoption of parental rules against adolescent drinking, which in turn predicted lower intentions to use alcohol and reduced alcohol use among adolescents. Deakin economic analyses demonstrated the Communities That Care model returned \$2.60 for every dollar invested when monetised solely on its benefit in reducing underage alcohol use (Abimanyi-Ochom et al., 2024).

Recommendations:

1. Require federal alcohol policy initiatives to be independent of alcohol industry interference and include equity impact assessments and report on outcomes for priority populations.
2. Fund and scale culturally safe, community-led models of care, in all municipalities and also in rural and Indigenous communities.
3. Promote evidence-informed approaches to delay alcohol and drug initiation, including by funding and expanding community coalition models such as Communities That Care to reduce adolescent alcohol and other drug use through localised, evidence-based prevention strategies. Communities That Care Ltd is an Australian not-for-profit registered charity.

2. Effectiveness of Current Programs and Initiatives

Deakin's research provides robust evidence on the effectiveness of regulatory and programmatic interventions, including Indigenous-led mobile health clinics, alcohol pricing reforms, and targeted strategies to reduce alcohol-related violence and marketing harms.

- *Professor Kathryn Backholer's research* shows that young people are exposed to large volumes of alcohol marketing every day they spend online. Children aged 13-17 years see an average of six online alcohol ads every day, in direct contrast to the current self-regulatory ABAC scheme. Young adults aged 18-25 see on average seven online alcohol ads each day.
- *The Murnong Mob's research* shows that for every day spent online, Aboriginal people aged 18+ see branded marketing for alcohol on average 12 times a day (unpublished).
- *Deakin Rural Health's collaborative work with Budja Budja Aboriginal Cooperative (ACCHO)* in western Victoria demonstrates the effectiveness of culturally safe, community-led models of care. Initiatives such as the Tulkun Wan Wininn mobile clinic provide holistic outreach services—including SEWB, optometry, and diabetes education—and align with NACCHO's call for sustained investment in ACCHO-led alcohol and other drug services.
- *Dr Ashlee Curtis's evaluation* of the National FASD Strategic Action Plan found that while awareness campaigns had improved public understanding, implementation gaps remained. These included inconsistent screening practices, limited training for frontline workers, and lack of integration with justice and education systems.
- The *QUANTEM study*, led by Prof Peter Miller, evaluated Queensland's Tackling Alcohol-Fuelled Violence policy. It found that reduced trading hours, ID scanning, and increased enforcement led to significant reductions in alcohol-related violence, ambulance callouts, and emergency department presentations.
- *Assoc Prof Debbie Scott's work* that found that access to a liquor license outlet was significantly associated with family violence-related ambulance attendances across all types of outlets. There was a significant relationship between alcohol-related harms in the context of family violence and the work provides evidence of the relationship between alcohol-related family violence in both victims and perpetrators. It highlights the need for public health interventions such as licensing policy and town planning changes to reduce these harms by restricting alcohol availability.
- *Dr Florentine Martino's analysis* of alcohol industry submissions revealed systematic lobbying tactics used to delay, weaken, or block proposed marketing regulations. Her work highlights the need for independent, transparent policy processes that are protected from industry interference and prioritise public health outcomes.
- The *LEARNT study*, led by Prof Miller with researchers from The Centre for Drug use, Alcohol and Addictive Behaviour Research, found that minimum unit pricing in the context of restrictions on takeaway alcohol sales in the Northern Territory led to measurable reductions in alcohol sales, alcohol-related hospitalisations, and assaults.

Recommendations:

1. Replace the ineffective, industry-run ABAC scheme with legislation that bans all forms of online alcohol marketing and establishes independent, enforceable protections with embedded monitoring and evaluation.
2. Support and expand Aboriginal Community Controlled Health Organisations (ACCHOs) as key providers of alcohol harm reduction services, in line with NACCHO's recommendation to grow and sustain the ACCHO/ACCO AOD services sector under Priority Reform 2 of the National Agreement on Closing the Gap.
3. Strengthen FASD prevention through consistent screening protocols, public education campaigns, and community-led support services.
4. Implement and enforce reduced trading hours and ID scanner laws in high-risk precincts nationally.
5. Support and implement public health interventions such as licensing policy and town planning changes to reduce alcohol-related family violence harms by restricting alcohol availability.
6. Launch a national alcohol price monitoring system to guide taxation and pricing reforms.
7. Expand minimum unit pricing nationally, informed by the LEARNT study's findings on its effectiveness in reducing harm.

3. Cross-sectoral Contributions

Deakin research supports a whole-of-government approach to alcohol harm reduction, highlighting the need for coordinated action across education, justice, housing, and digital environments. This includes addressing industry influence, embedding prevention in schools, and leveraging AI-enabled tools such as SCANNER to monitor harmful marketing.

- The *Industry Insight project* documented how alcohol industry lobbying distorts policy across sectors, including education, justice, and health.
- *The Centre for Drug use, Alcohol and Addictive Behaviour Research's psychosocial determinants research* shows that alcohol misuse is closely linked to housing insecurity, unemployment, and exposure to violence.
- *The SCANNER system*, developed by Prof Backholer and Prof Bhatti, uses artificial intelligence to monitor and detect harmful digital marketing practices, including alcohol advertising in digital data. This technology provides a scalable and proactive tool to support regulatory monitoring and enforcement and is directly aligned with the recommendation to expand AI-enabled monitoring systems.
- *Prof Toumbourou's community and school-based research* supports embedding alcohol prevention into community and school wellbeing frameworks and parent engagement strategies.

Recommendations:

1. Establish a statutory code of conduct for alcohol industry engagement with government.
2. Establish cross-sectoral alcohol harm reduction strategies that integrate housing, education, justice, and employment services.
3. Regulate digital alcohol advertising, including algorithmic targeting of minors, through national legislation.
4. Fund expansion of AI-enabled monitoring systems (e.g., SCANNER) to track online alcohol marketing activities and assess compliance with ABAC or any other future regulatory scheme.
5. Embed alcohol prevention into national community plans and school wellbeing frameworks and fund parent engagement programs.

4. Domestic and International Best Practice

Deakin researchers contribute to global evidence on alcohol regulation and public health policy, including best-practice interventions such as alcohol home delivery regulation and sport sponsorship reform.

- *Dr Martino's analysis* of alcohol industry submissions revealed a consistent pattern of tactics aimed at delaying or undermining regulatory efforts. These included framing alcohol-related harm as a matter of personal responsibility, questioning the evidence base, and promoting voluntary codes over mandatory regulation. Dr Martino's findings align with international evidence on industry influence and reinforce the need for strong, independent statutory safeguards in alcohol policy development.
- The *QUANTEM study*, led by Prof Peter Miller, provided world-first evidence on the effectiveness of comprehensive, state-wide regulatory reform in licensed venues. The study demonstrated that measures such as reduced trading hours, ID scanners and increased enforcement can significantly reduce alcohol-related violence and emergency service demand. These findings have informed policy development both nationally and internationally.
- Recent peer-reviewed research by *Martino et al. (2022)* found that alcohol advertising during sports broadcasts contributes a relatively small proportion of revenue to Australian television networks, less than 1% in most cases. Importantly, 45% of these ads were shown during children's viewing times. The study concludes that banning alcohol advertising during sports broadcasts would likely result in minimal financial impact for broadcasters, while offering substantial public health benefits.
- *A commissioned report by Deakin University for the Foundation for Alcohol Research and Education* (Sacks et al., 2020) expands on the evidence base by modelling the financial impact of removing both alcohol advertising and sponsorship from elite sport. It finds that while alcohol sponsorship is widespread, it contributes a small proportion of revenue for most sporting codes and is likely to be readily replaced. The report also demonstrates that increased revenue to elite sporting bodies has

not translated into increased investment in grassroots sport, undermining claims that alcohol sponsorship is essential for community sport. Drawing on precedents from tobacco and gambling policy, the report outlines feasible pathways for implementation, including transitional support for affected organisations.

- *A series of studies by Dr Kerri Coomber* that focused on alcohol home delivery showed that people can get alcohol delivered to their home within approximately 30 minutes and ID checks are not always undertaken as per regulations. People who use alcohol home delivery are also more likely to drink at high-risk levels, with high-risk drinkers also more likely to use alcohol home delivery to extend drinking sessions. Moreover, recent research indicates high levels of exposure to online advertising and promotion for alcohol home delivery, with these influencing purchases.

Recommendations:

1. Establish a statutory code of conduct for alcohol industry engagement with government.
2. Legislate transparency and exclusion of industry actors from alcohol policy development.
3. Adopt WHO-recommended alcohol taxation and pricing strategies, including minimum unit pricing.
4. Support comprehensive restrictions on alcohol marketing associated with sport, including:
 - Removal of exemptions that allow alcohol advertising during sports broadcasts on weekends and public holidays, particularly during children’s viewing times.
 - Phasing out alcohol sponsorship of elite sport, with transitional support for sporting bodies if required.
 - Consideration of a government-led replacement fund, drawing on successful models used in tobacco and gambling reform.
5. Prohibit alcohol industry sponsorship of health-related charities and public health campaigns.
6. Implement effective regulations targeting home delivery of alcohol. For example, a mandated delay in delivery timeframe (e.g., next day) to discourage impulsive purchases, removal of by-now-pay-later as a payment option from online alcohol sales so that payments reflect the immediate cost of the alcohol, thus discouraging over-purchasing. Further, regulations around online advertising and promotions for home delivery are urgently needed, as is increased training for alcohol delivery drivers.

5. Additional Considerations from the Issues Paper

The Committee’s Issues Paper also aligns closely with Deakin’s research priorities, particularly in relation to prevention, early intervention and Indigenous data sovereignty. These areas reflect the importance of life-course prevention and community-led governance in alcohol harm reduction.

- *Prof Miller’s life-course prevention research* in The Centre for Drug use, Alcohol and Addictive Behaviour highlights the importance of intervening early to prevent alcohol-related harm across

the lifespan. Their work supports investment in prevention strategies that begin in childhood and adolescence and continue through key life transitions.

- *Prof Toumbourou's work* reinforces the effectiveness of early intervention and family-based prevention strategies in reducing adolescent alcohol use. His work supports the inclusion of parents and schools in coordinated prevention efforts that build protective factors and delay alcohol and other drug initiation.
- A recent longitudinal study by Bailey et al. (2024), comparing cohorts in Australia and the United States, found that adult-supervised drinking during adolescence was associated with increased alcohol misuse in adulthood (ages 25–31). The findings challenge the harm minimisation approach of teaching responsible drinking through supervised use, suggesting that such practices may increase long-term risks.

Recommendations:

1. Invest in early intervention programs in schools, youth services, and primary care settings.
2. Support family-based alcohol prevention programs, including parent education and school partnerships.
3. Discourage supervised adolescent drinking in national parent education campaigns, based on longitudinal evidence linking it to increased alcohol misuse in adulthood.
4. Ensure alcohol-related data collection, analysis, and use respects Indigenous data sovereignty, aligning with Priority Reform 4 of the National Agreement on Closing the Gap, as emphasised in NACCHO's submission.

Conclusion

Deakin University's Faculty of Health urges the Committee to adopt a public health approach that prioritises prevention, equity, and evidence-informed policy. Addressing alcohol-related harms requires sustained investment, cross-sectoral collaboration, and a commitment to reducing health inequities—particularly for at risk populations in our society. We welcome further engagement to support the development of effective, independent, and accountable alcohol policy in Australia.

Yours sincerely



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