

Preventive Health SA Alcohol and Other Drugs

Re: Draft South Australian Alcohol and Other Drug Strategy 2024–2030

Cancer Council SA Submission

Thank you for giving Cancer Council SA the opportunity to contribute to the consultation on the draft South Australian Alcohol and Other Drug Strategy 2024–2030.

For over 90 years Cancer Council SA has worked to reduce the rate and impact of cancer for South Australians. We do this through the provision of prevention programs, funding vital research and providing free support services to lessen the emotional and financial burden of cancer.

We welcome the release of a draft Alcohol and Other Drug 2024–2030 Strategy for comment and the Strategy goal of reducing the inequities that we see in some priority populations in our community.

There is strong evidence that alcohol consumption increases the risk of seven types of cancers, including bowel, breast, mouth and pharynx (upper throat), larynx (voice box), oesophagus (food pipe) liver and stomach. Cancer Council SA is advocating for a strengthening of the Strategy to reduce the number of preventable cancers diagnosed in South Australia each year.

As we work to reduce the rate and impact of cancers caused by alcohol consumption, our submission strongly focuses on the alcohol priorities areas of this strategy rather than the broader issue of other drug use.

Recommendations

Cancer Council SA recommends:

- *the collection and publication of data on ambulance calls, emergency presentations and hospital stays related to alcohol and other drug use in the South Australian community*
- *consideration of the commercial determinants of health in addition to the social determinants. This could be reframed as the determinants of health*
- *the addition of people experiencing homelessness as a separate and distinct priority population*
- *the broadening of the ‘why is this important?’ explanation to include other areas of health promotion and prevention to make it clear they all play a role in reducing the impact of alcohol and other drugs on the SA community*
- *the removal of any reference to safer ways of using alcohol*
- *the inclusion of a priority action that specifically references the development and/ or implementation of appropriate screening, assessment and referral tool*
- *embedding alcohol and other drug education in school curriculums*
- *differentiation between health promotion strategies vs mass marketing campaigns*

- *strong consideration be given to recognising the unintended consequences of increasing community knowledge and awareness about the harms and consequences of drinking during pregnancy for women who drink while unaware of their pregnancy*
- *move Supporting Activity 10 to a Priority Action and expand it to include the collection of relevant data on alcohol related ambulance calls, emergency presentations and hospital stay*
- *that consideration be given to implementing a volumetric tax on alcohol products.*
- *amending and strengthening Supporting Activity 19 to read “Reintroduce wholesale sales data in South Australia”*
- *clear mapping of KPIs to ensure alignment with priorities.*

Aim and Priority Areas

Cancer Council SA strongly endorses the aim and priority areas contained in the draft strategy. These reflect the key areas for action to reduce the impact of alcohol and other drugs on the SA community.

We support a population health approach to addressing health disparities rather than an individualised approach that puts the emphasis on individual choice and responsibility. It is also pleasing to see reference to a ‘Health in All Policies’ approach as it is vital that all levels of government and all government departments play a role in preventing and reducing the harms caused by alcohol and other drugs.

Priority Populations

Cancer Council SA is supportive of the inclusion of all the priority populations listed in the draft strategy. Each of these populations experience disproportionate levels of alcohol related harm. The National Alcohol Strategy 2019-2028 includes additional populations including pregnant women (or those planning a pregnancy), people with impaired cognition, people diagnosed with or suspected to have foetal alcohol spectrum disorder (FASD), adults in their 40s, 50s and 60s and people from culturally and linguistically diverse (CALD) backgrounds¹. We believe the priority populations should be reviewed and consideration given to more strongly aligning the priority populations with those contained in the National Alcohol Strategy 2019-2028.

Data collection

Data is a vital part of evaluating the impact of policies and programs. Cancer Council SA believes the collection of local, South Australian specific data on ambulance calls, emergency department presentations and hospital stays related to alcohol is vital to the evaluation of the impact of the new strategy on the local community.

Cancer Council SA recommends the collection and publication of data on ambulance calls, emergency presentations and hospital stays related to alcohol and other drug use in the South Australian community.

¹ Commonwealth Government, National Alcohol Strategy 2019-2028, available at [National Alcohol Strategy 2019-2026 \(health.gov.au\)](https://www.health.gov.au/national-alcohol-strategy-2019-2026), accessed 16 July 2024.

Social determinants of health

The acknowledgement of the social determinants of health that consider non-medical factors influencing health outcomes is commendable. However, consideration needs to be given to the commercial determinants of health within the strategy, that consider private sector, namely the alcohol and tobacco industry activities and practices that impact public health negatively. The commercial determinants of health include the production, price-setting, and marketing of unhealthy commodities, such as alcohol, that lead to non-communicable diseases, including cancer.

Tightening of South Australia's liquor licensing legislation to include initiatives that limit the harms of online sale and delivery of alcohol, limiting extended licensing hours and, advertising promoting alcohol to vulnerable populations, including young people would mitigate the impacts of the commercial determinants of health in the South Australian community. Retail licensing and density limits should also be examined as part of any legislative or policy measures to limit alcohol access and consumption.

Cancer Council SA recommends consideration of the commercial determinants of health in addition to the social determinants. This could be reframed as the determinants of health.

Priority Populations

We recognise there are links across the priority populations experiencing higher levels of alcohol and other drug related harms and that individuals may be part of several priority populations reference. However, Cancer Council SA believes that people experiencing homelessness should be included as a priority population. Housing is listed as a key social determinant of health on page 4 of the draft strategy and people experiencing homelessness are used as an example. Yet no reference is made to people experiencing homelessness as a priority population on page 5 of the draft document.

Cancer Council SA recommends the addition of people experiencing homelessness as a separate and distinct priority population.

Priority Area 1: Health promotion and prevention

Why is this important?

Within this section, reference is made to increasing community awareness about the risks and harms associated with short and long-term alcohol and other drug use. Health promotion and prevention is broader than just increasing awareness, it also covers multiple strategies such as programs, projects, initiatives, changing environments and addressing the determinants of health to reduce harms. We would like to see this section broadened and strengthened to include these additional areas and implementation of tangible actions.

Cancer Council SA recommends the broadening of the Why is this important? explanation to include other areas of health promotion and prevention to make it clear they all play a role in reducing the impact of alcohol and other drugs on the SA community.

Our commitment

Cancer Council SA has concerns about the reference to promoting safer ways of using alcohol. There is no safe level of alcohol consumption. Even drinking small amounts of alcohol increases the risk of cancer. This section should purely focus on increasing public knowledge of the NHMRC Guidelines for alcohol to reduce harms rather than using a term like 'safe'.

CCSA recommend reframing the suggestion to “develop social engagement initiatives that do not involve alcohol” into alcohol-free safe celebrations/events that reduce the risk of alcohol and other drugs.

Cancer Council SA recommends the removal of any reference to safer ways of using alcohol.

What could we see by 2030?

Increasing the diagnosis and support for Foetal Alcohol Spectrum Disorder (FASD) is important for the community and providing health providers with appropriate screening, assessment and referral tools is a strong way to reduce the impact of this disorder. However, there is no clear priority action listed that would see these tools available to the whole community. There are references to increasing community awareness and supporting Closing the Gap priorities, but no action that specifically addresses screening, assessment and referral tools.

Proactive campaigns addressing this issue are important but many pregnancies in South Australia are unplanned and it is important that any campaign or intervention does not stigmatise women or encourage judgement of individual behaviours.

Cancer Council SA recommends the inclusion of a priority action that specifically references the development and/ or implementation of appropriate screening, assessment and referral tools.

Priority Actions

Priority Action 3. Cancer Council SA believes that this needs to be expanded to focus on integrating evidence-based alcohol and other drug education in the school curriculum, building on the foundations that are already available in current health and physical activity curriculum. This would provide structured education on this issue with an ongoing emphasis on alcohol and other drug safety and information in schools, rather than simply providing short-term education programs where the learnings have long been forgotten after the provider leaves. There needs to be a curriculum-wide focus on alcohol and other drug education. An example of an evidence-based program is Our Futures Institute: Drug & Alcohol Education Courses which has a focus on primary prevention and protective factors. These courses can be found at www.ourfuturesinstitute.org.au.

Priority Action 4. There can be a large difference between health promotion strategies and mass marketing campaigns that educate whole populations. Cancer Council SA believes clarification is required for this priority action to specify if this increased public knowledge will be gained through mass marketing campaigns or specific targeted health promotion campaigns.

We believe consideration should be given to campaigns that include a link between alcohol consumption to the increased risk of cancer. An example of this is the Alcohol. Think Again campaign run in Western Australia.

Priority Action 5. Cancer Council SA fully supports clear labelling of alcohol compulsory warning labels on all alcohol products so individuals can be informed that the product they are purchasing can have a serious impact on their health and wellbeing and applaud its inclusion in this strategy. We would recommend consideration of the Irish model warning drinkers of the links between alcohol consumption and cancer².

Priority Action 6. Cancer Council SA recommends consideration of the risk of unintended consequences when raising awareness about alcohol consumption and pregnancy. It is important that any campaigns or programs do not stigmatise women and take into consideration, the unintended harms for women who may consume alcohol unaware they are pregnant. We also note this aligns with Key Performance Indicator 4. We believe it is important for any data collection be undertaken in a way that eliminates stigma in this vulnerable population.

Cancer Council SA recommends embedding alcohol and other drug education in school curriculums.

Cancer Council SA recommends differentiation between health promotion strategies vs mass marketing campaigns.

Cancer Council SA recommends strong consideration be given to recognising the unintended consequences of increasing community knowledge and awareness about the harms and consequences of drinking during pregnancy for women who drink while unaware of their pregnancy.

Supporting Activities

Supporting Activity 8. Cancer Council SA fully supports this activity. Our 2023 report into food and drink advertising on public transport near Adelaide schools found that four percent of all food advertising within 500m of schools was for alcohol products³. We welcomed the South Australian Government's policy proposal that includes alcohol in the list of unhealthy food and drink to be restricted on South Australian Government assets.

Supporting Activity 9. Cancer Council SA believes this activity requires strengthening to more clearly outline what types of initiatives will be developed and where they will be implemented.

² Slattery C, How Ireland beat the odds to introduce cancer warning labels on alcohol, World Cancer Research Fund International, 5 February 2024, available at: [How Ireland beat the odds to introduce cancer warning labels on alcohol | WCRF International](#) Accessed 11 July 2024.

³ Coro, D. An environmental scan of food & drink advertising on public transport near Adelaide schools. Report prepared for Cancer Council SA. Adelaide, Cancer Council SA, 2023.

Supporting Activity 10. Cancer Council SA believes this activity should instead be a priority action and expanded to include the collection of data on ambulance calls, emergency presentations and hospital stays related to alcohol and other drug use in the South Australian community to provide baseline and ongoing data that can be used to develop and evaluate programs.

Cancer Council SA recommends moving Supporting Activity 10 to a Priority Action and expand it to include the collection of relevant data on alcohol related ambulance calls, emergency presentations and hospital stays.

Priority Area 2: Disruption and supply reduction

Why is this important

As noted above, any consumption of alcohol increases the risk of a cancer diagnosis. We believe the safeguards to disrupt and reduce supply should reference any intake of alcohol, rather than simply focus on intake of alcohol at risky levels.

Priority Actions

Priority Action 11 Cancer Council SA believes that any consideration must include limiting extended licensing hours, short term licensing and initiatives that limit the harms of online sale and delivery. These interventions could include:

- effective digital ID checks for sales,
- prohibiting leaving deliveries unattended,
- preventing rapid delivery with a 2-hour safety pause from order to delivery,
- preventing predatory marketing: e.g. push notifications, incentives or buy now buttons,
- payment delays or digital health warnings linked to national guidelines to reduce health risks from alcohol,
- establishment of an online sale and delivery license category,
- support for delivery staff with delivery-specific Responsible Service of Alcohol training,
- making it an offence to deliver to people who are intoxicated, and
- making companies liable for breaches of the law.

Each of these proposals would have a measurable impact on alcohol consumption in South Australia.

Priority Action 12. Cancer Council SA fully supports the exploration of the economic and health impacts of a Minimum Unit Price for alcohol in South Australia. We believe that in addition to a Minimum Unit Price, consideration should also be given to a volumetric tax which increases for products with higher alcohol volumes and that revenue from these initiatives be invested back into preventive health programs to address the impacts of alcohol consumption.

Cancer Council SA believes that along with any introduction of a Minimum Unit Price for alcohol, there needs to be associated supports for people to minimise their alcohol consumption to not unfairly harm people who are economically vulnerable. We have seen investment in campaigns and interventions to address smoking as the excise rate has increased. Cancer Council SA believes evidenced-based interventions and programs to provide support for people reducing their alcohol intake should be funded concurrently with the introduction of any Minimum Unit Price.

Cancer Council SA recommends that consideration also be given to implementing a volumetric tax on alcohol products.

Supporting Activities

Supporting Activity 16. Cancer Council SA believes this should become a Priority Action and that the system be legislated as part of the mandatory conditions in Section 42 of the Liquor Licensing Act 1997.

Supporting Activity 17. Cancer Council SA fully endorses actions to modify takeaway alcohol sales at high-risk locations. We believe consideration should be given to the introduction of 2-hour safety pauses on delivery and a ban on late night deliveries to reduce the risk of harm from alcohol consumption.

Supporting Activity 19. Cancer Council SA supports the collection of wholesale alcohol sales data to ensure data underpins all decisions made with regard to alcohol access and consumption. Cancer Council SA believes the collection of this sales is an important part of evaluating the success of this strategy and future programs and activities. We believe this activity should be strengthened to remove consideration of reintroduction and instead read as follows: **Reintroduce wholesale alcohol sales data in South Australia.**

Cancer Council SA recommends amending and strengthening Supporting Activity 19 to read "Reintroduce wholesale sales data in South Australia."

Priority Area 3: Early Intervention and targeted intervention

Priority Actions

Priority Action 20. Cancer Council SA believes that all three areas are important, however each should be contained in a distinct section to dispel any illusion that these three areas are directly linked under implemented programs.

Cancer Council SA recommends rewording the priority action to read:

Implement public health education programs across agencies and services to promote:

- Alcohol and other drug prevention
- Early interventions; and
- Treatment services.

Supporting Activities

Supporting activities 25 and 26.

Cancer Council SA supports specific focus on the co-design of effective Aboriginal community-led activities to reduce the impact of alcohol and welcomes these actions. We look forward to engaging with Preventive Health, SA Health and Aboriginal Community Controlled Health Organisation led activities and interventions through Cancer Council SA's Aboriginal Prevention Project Officer.

Priority Area 4: Treatment and Support

Priority Actions

Priority action 33 and 39. Cancer Council SA believes there needs to be clarification around the reintegration of people back into the community. It is important that these programs and supports are available to people as they re-enter the community and to prevent recidivism.

Priority action 34. While smoking and vaping have their own specific strategy, Cancer Council SA believes this priority action could be strengthened with combine with efforts to further build capacity of the health workforce relating to smoking and vaping cessation, along with support to reduce alcohol consumption and foster Quitline referrals in pregnancy where appropriate.

Priority Area 5: Engaging communities

Equity is a core goal in Cancer Council SA's work. Every day we work to reduce the rate and impact of cancer for all South Australians. We welcome Priority area 5 and the promise of co-designing services and tailored support which will help bring equity to health in South Australia. Cancer Council SA looks forward to genuine engagement and strong co-designed projects arising across the life of this Strategy.

Priority Actions

Priority Action 52. Cancer Council SA fully supports this priority action as local communities are best placed to leverage local strengths in response to addressing complex problems linked to alcohol and other drug use.

System Enabler- Workforce Development

Cancer Council SA believes that workforce development should be a key priority for the State and welcomes the additional reference around meeting the needs of communities and individuals with tailored services in rural and remote areas. Coordination of service and program planning must also include prevention and health promotion workforce development and investment.

System Enabler- Evidence and Data Systems

Cancer Council SA fully endorses the supporting activities listed especially the monitoring and evaluation of programs. We believe that all programs and interventions should be evidence based and the monitoring and evaluation of projects will increase the evidence available for future action. As discussed previously, Cancer Council SA believes there is room to increase the collection of evidence by collecting data around alcohol related ambulance calls, emergency department presentations and hospital stays is a large gap and impacts the ability to develop and evaluate programs and policies to address alcohol and other drug use in South Australia. We believe data collection should be expanded to include this key data at a state level.

Measuring Success

Cancer Council SA welcomes the inclusion of a Steering Group to oversee the Strategy and monitor the impacts. We believe that this Group also requires the direct involvement of the Minister for Consumer and Business Affairs. Consumer and Business Services has responsibility for licensing, the responsible service of alcohol and any restrictions on access to alcohol, such as those currently in place in Ceduna, Coober Pedy, Port Augusta and Whyalla. We believe the Minister has a place on the Steering Group and the Commissioner, in their role as Liquor and Gambling Commissioner, should play a significant role in the Steering Group.

Flexibility

Flexibility is a key part of any strategy and Cancer Council SA believes the Alcohol and Other Drug Strategy must have built in flexibility to adapt to any social, environmental or commercial changes which occur during the life of the Strategy. We saw new technologies, marketing opportunities and social changes over the life of the last Alcohol and Other Drug Strategy and any new strategy must be able to address these changes as they happen, not in 2030 when this Strategy ends.

Cancer Council SA also believe the image on page 19 that accompanies the Measuring Success section should be replaced as the current image normalises the consumption of alcohol in a social setting and reinforces the community idea that alcohol is appealing and entrenched in South Australia social culture.

KPIs

Cancer Council SA welcomes the KPIs in the documents, however we believe there should be additional mapping to ensure that KPIs align to the priority areas. There are few KPIs addressing policy change or around awareness or knowledge of alcohol guidelines. *Cancer Council SA recommends clear mapping of KPIs to priority areas to ensure alignment with all priority actions and supporting activities.*

We note that Key Performance Indicator 7 has a target of reducing the rate of reoffending by 20% by 2026. There are limited priority actions and supportive activities to address alcohol use and rehabilitation among people who experience incarceration. Cancer Council SA believes consideration should be given to including programs and strategies for individuals when they re-enter the community.

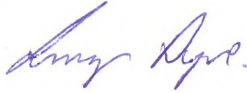
Cancer Council SA suggests reviewing the data underpinning some of figures used for KPIs. For example:

- KPI 1 – 5/100,000 appears to be a possible underestimate. Including ICD10 cause of death codes X45 (accidental poisoning by and exposure to alcohol) and Y15 (poisoning by and exposure to alcohol, undermentioned intent) alongside ICDX65 should increase this figure.
- KP 1- 7.5/100,000 appears different to ABS data (8.0/100,000 in 2018)⁴,
- KPI 2- 23% at baseline is contradictory to Cancer Council SA SA Population Health Survey data which indicates this is around 10% for adults.

Cancer Council SA recommends clear mapping of KPIs to ensure alignment to priorities.

Thank you for your consideration of Cancer Council SA's submission. For further information or to discuss the submission further, please contact Bronte McQueen at bmcqueen@cancersa.org.au.

Yours sincerely,



Lucy Ayre
Acting Chief Executive

⁴ Australian Bureau of Statistics, Available at <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>, Accessed 17/07/24