

11 November 2024

House of Representatives Standing Committee on Health, Aged Care and Sport
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By email: Health.Reps@aph.gov.au

Dear Committee,

Thank you for the opportunity to present on 29 October 2024 at a hearing for the *Inquiry into the health impacts of alcohol and other drugs in Australia*, and to provide the following in response to questions taken on notice.

Regarding Dr Ryan’s question about countries that have undertaken attempts to limit engagement with alcohol (p. 11):

Governments should invest in public education initiatives that inform the community of the health impacts of alcohol consumption, promote help-seeking for those needing treatment and support, and counteract industry “responsible drinking” messaging that is designed to shift blame away from harmful alcohol products and onto individuals experiencing harms.

Case study: Every Moment Matters

Developed by the Foundation for Alcohol Research and Education (FARE) and funded by the Department of Health and Aged Care as part of the *National Foetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028*, Every Moment Matters is a national campaign informing women of the harms caused by alcohol consumption during pregnancy and breastfeeding, including FASD. The campaign increased awareness of the fact there is no safe level of alcohol consumption during pregnancy by 24%, and 90% of people who viewed the campaign reported they would not drink upon pregnancy confirmation. Over 52 million people viewed the video ad, while audio ads across radio, podcast and digital audio reached an audience of over 8 million.

Case study: Spread

Developed by the Western Australian Department of Health in partnership with Cancer Council Western Australia, the ‘Spread’ campaign conveys the message that alcohol causes various cancers and every drink increases a person’s risk of developing alcohol-related cancers. A study ranking 83 alcohol harm reduction mass media campaigns found Spread was the most likely to motivate reduced alcohol consumption.¹ Ads ranked highly by audiences as motivating behaviour change usually include a ‘why change’ message, address long-term harms, are aimed at the general adult drinking population and include drinking guidelines.²

¹ Melanie Wakefield et al, ‘Features of Alcohol Harm Reduction Advertisements That Most Motivate Reduced Drinking Among Adults: An Advertisement Response Study’ (2017) 7(4) *BMJ Open* 1, 6-7.

² Wakefield et al (n 1) 7.

Case study: Balance

Balance is a UK organisation working to raise awareness of alcohol harms, funded by the NHS through the North East and North Cumbria Integrated Care Board, as well as the Association of Directors of Public Health. Their campaigns 'Alcohol Causes Cancer' and 'Alcohol is Toxic' inform people that alcohol consumption causes cancer, and 'Alcohol What's the Harm' advises parents and families of the risks of child alcohol use, urging them to delay consumption until children are at least 18.

The campaigns are supported by a website, [reduceyourrisk.tv](https://www.reduceyourrisk.tv), which allows users to learn more about alcohol harms and alcohol units, read advice and real stories, take a quiz to reflect on their alcohol use, and find support in their local area.

Evaluations of Balance's campaigns have found they influence behaviour change. For example, the 'Alcohol is Toxic' campaign caused 60% of viewers to change their behaviour, with 30% reducing how often they drink, 22% reducing how much they drink, and 17% talking to family or friends about alcohol harms.³ The campaign also resulted in many people seeking and being connected with more information, prompting several hundred thousand website visits.

Case study: Rethink the Drink

Rethink the Drink is a mass-media campaign led by the Oregon Health Authority that seeks to reduce alcohol harms to individuals and communities in Oregon and build healthier, safer environments for everyone.⁴ A 2023 evaluation of the campaign recommended an increase in treatment resources, and participants said Rethink the Drink helped spark conversations with the people in their lives, and that being able to share the information with family members supported their families' role in helping them to regulate their drinking and move forward.⁵

Case study: Alcohol does something to us

In Denmark, the social media campaign 'Alcohol does something to us' funded by the Danish National Board of Health aimed to inform audiences that alcohol consumption is a risk factor for cancer. Awareness of alcohol as a risk factor for cancer significantly increased following the campaign, as well as support for alcohol-related policies including minimum unit pricing, a ban on alcohol advertising, and mandatory nutrition labelling.⁶

While education about alcohol harms is important, this must be supported by campaigns that promote help-seeking and ensure people know where to reach out for support. This helps to break down stigma and change attitudes and behaviours towards people experiencing alcohol and other drugs harms and addiction.

Case study: Your Life Iowa

Funded by the Iowa Department of Health and Human Services, Your Life Iowa is a telephone and online support service for people experiencing issues with alcohol, drugs, gambling, suicidal thoughts or mental health. To promote help-seeking, Your Life Iowa produces videos that depict people struggling with alcohol and other drug use which end by informing people where to call if they need help. Videos portray people

³ 'Alcohol is Toxic', *Balance* (Web Page) <<https://www.fresh-balance.co.uk/campaigns/alcohol-is-toxic/>>.

⁴ 'A New Way to Think About Alcohol', *Rethink the Drink* (Web Page) <<https://www.rethinkthedrink.com/>>.

⁵ Caroline Qureshi et al, *Rethink the Drink: First Campaign Evaluation Findings* (Report, April 2023) 33-34 <<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/excessivealcoholuse/Pages/RTDCampaignEvalFinal.pdf>>.

⁶ Annie Christensen et al, 'Can a Mass Media Campaign Raise Awareness of Alcohol as a Risk Factor For Cancer and Public Support For Alcohol Related Policies?' (2019) 126 (September) *Preventive Medicine* 1, 4.

calling Your Life for support and include taglines such as ‘Think you have no one to turn to? Your Life Iowa is here’ and ‘Walking beside you so you’re never alone’.⁷

Case studies: Mental health anti-stigma campaigns promote help-seeking

While not specific to alcohol and other drugs, it is important to note that mental health campaigns that tackle stigma have had success in promoting help-seeking, and there is every reason to expect campaigns that tackle alcohol and other drug-related stigma would have a similar positive effect.

For example, the California Mental Health Services Authority conducted an anti-stigma and discrimination social marketing campaign.⁸ A cost-benefit analysis revealed increased productivity and employment with estimated benefits to the state as a whole of \$1251, and \$36 to the state government, for every dollar invested. A survey conducted from 2014 to 2016 during the major stigma reduction campaign found exposure to the campaign predicted treatment use overall and appeared to increase service uptake.⁹

Another example is the *Time to Change* anti-stigma campaign in the UK. The campaign reached over 34 million people through a programme of 35 projects including local community projects, a national high-profile campaign, and training for student doctors and teachers.¹⁰ Importantly, the *Time to Change* campaign drove changes in attitudes. For example, people aware of the campaign were 19% more likely to agree that people with mental illness are far less dangerous than people suppose and 6.4% more likely to agree that people with severe mental health problems can fully recover. An economic evaluation of the *Time to Change* campaign found that for a 10% improvement in employment and access to care, the return on investment is £470 per person with depression.¹¹

Regarding Dr Frelander’s request for data on COVID-19 related alcohol promotions (p. 11):

COVID-related alcohol advertising was rampant during the pandemic, with one study finding that over a 4-month period, 434 ads promoting alcohol in the context of COVID were published on social media websites, with 67% of those referring to alcohol consumption as an isolation activity or strategy for coping.¹²

The Foundation for Alcohol Research and Education (FARE) also found that alcohol advertisements used taglines like “Stay in. Drink up”, “Work from home? Why not wine from home” and “Work from home care pack”. Advertisements during COVID also promoted bulk purchasing, encouraging people to “Stock up whilst in isolation”.¹³

Perhaps most concerningly, alcohol companies promoted their products as a way to cope with lockdowns, asking people if they “need extra wine to help get through lockdown”. One ad also likened alcohol to the

⁷ Iowa Department of Health and Human Services, ‘Think You Have No One To Turn To? Your Life Iowa is Here For Teens’ (YouTube, 25 April 2023) <https://www.youtube.com/watch?v=3X8FgxX48Vc&pp=ygUgdGhpmsgew91GHhdmUg8g8b25ll_HRvIHR1cm4gdG8%3D>; Iowa Department of Health and Human Services, ‘Walking Beside You So You’re Never Alone’ (YouTube, 25 April 2023) <https://www.youtube.com/watch?v=4tsfzQf9feM&pp=ygUgV2Fsa2luZyBIZXNpZGUGeW91IHNVlHlvd_eKAmXJlIG5ldmVYlGFsb25l>.

⁸ Scott Ashwood et al, *Investment in Social Marketing Campaign to Reduce Stigma and Discrimination Associated with Mental Illness Yields Positive Economic Benefits to California* (Report, April 2016) 1 <https://www.rand.org/pubs/research_reports/RR1491.html>.

⁹ Rebecca Collins et al, ‘Social Marketing of Mental Health Treatment California’s Mental Illness Stigma Reduction Campaign’ (2019) 109(53) *American Journal of Public Health* s228, s230.

¹⁰ The National Social Marketing Centre, *Time to Change* (Case Study Report) <<https://www.thensmc.com/resources/showcase/time-change>>.

¹¹ Sara Evans-Lacko et al, ‘Economic Evaluation of the Anti-Stigma Social Marketing Campaign in England 2009–2011’ (2013) 202(55) *The British Journal of Psychiatry* s95, s99.

¹² Florentine Martino et al, ‘The Nature and Extent of Online Marketing by Big Food and Big Alcohol During the COVID-19 Pandemic in Australia: Content Analysis Study’ (2021) 7(3) *JMIR Public Health and Surveillance* 1, 8-10.

¹³ Foundation for Alcohol Research and Education (FARE) and Cancer Council WA, *An Alcohol Ad Every 35 Seconds* (Report, May 2020) 5-9 <<https://fare.org.au/alcohol-ad-every-35-seconds-during-covid-19/>>.

comfort of a friend: “So you’re locked away for 14 days. What to do?... here are some characters you will be happy to snuggle up to”.¹⁴

This type of advertising coincided with large increases in alcohol purchasing during the pandemic, with one in five households reporting they bought more alcohol at the onset of the pandemic. In households where more alcohol was purchased than usual, 70% reported drinking more than usual, 34% said they were now drinking alcohol daily, and 28% reported drinking alcohol to cope with anxiety and stress.¹⁵

The increase in alcohol advertising and consumption resulted in a significant increase in alcohol harms. Turning Point research found during the COVID lockdowns, alcohol intoxication-related ambulance attendances in the home increased in 2020 by 9% overall compared to 2019.¹⁶ The most socioeconomically advantaged cases showed the highest percentage change, increasing by up to 35% compared to 2019.¹⁷

Regarding Dr Ananda-Rajah’s question regarding GLP-1 agonist clinical trials (p. 16):

Early animal studies looked at how glucagon-like peptide-1 receptor agonists (GLP-1RA) affect alcohol consumption, finding drugs like liraglutide and semaglutide reduce alcohol intake and modify drug-seeking behaviours in rodents.¹⁸

While human clinical trials are still in their infancy, some early findings have emerged from unpublished research in the United States, led by Associate Professor Christian Hendershot. This research found that among participants experiencing alcohol use disorder, those receiving GLP-1RA semaglutide showed a reduction in heavy drinking and drinking quantity when compared to the placebo group.¹⁹

Given the study administered only a low dose, there is potential for higher doses to lead to greater reductions in drinking. And with 96% of medication-receiving participants seeing the study through to completion, researchers concluded the drug was safe and well tolerated.²⁰

A recent study (although not a clinical trial) also looked at rates of overdose or alcohol intoxication among people experiencing alcohol use disorder or opioid use disorder, but who were also prescribed GLP-1RA or glucose-dependent insulinotropic polypeptide (GIP) for obesity and/or type 2 diabetes. Among people experiencing alcohol use disorder, those prescribed GLP-1RA or GIP had a 50% lower rate of incident alcohol intoxication compared to those without a prescription, while those with opioid use disorder who were prescribed GLP-1RA or GIP had a 40% lower rate of incident opioid overdose.²¹

This example highlights the benefits of greater investment in AOD treatment research through dedicated funding rounds that support new and improved treatment options.

¹⁴ FARE and Cancer Council WA (n 14).

¹⁵ Foundation for Alcohol Research and Education (FARE) and YouGovGalaxy, *Alcohol Sales and Use During COVID-19* (Polling Snapshot) <<https://fare.org.au/wp-content/uploads/COVID-19-POLL.pdf>>.

¹⁶ Rowan Ogeil et al, ‘Changes in Alcohol Intoxication-Related Ambulance Attendances During COVID-19: How Have Government Announcements and Policies Affected Ambulance Call Outs?’ (2021) 14 (September) *The Lancet Regional Health Western Pacific* 1, 5.

¹⁷ Ibid.

¹⁸ Vincent Marty et al, ‘Long-Acting Glucagon-Like Peptide-1 Receptor Agonists Suppress Voluntary Alcohol Intake in Male Wistar Rats’ (2020) 14 (December) *Frontiers in Neuroscience* 1; Vicky Chuong et al, ‘The Glucagon-Like Peptide-1 (GLP-1) Analogue Semaglutide Reduces Alcohol Drinking and Modulates Central GABA Neurotransmission’ (2023) 8(12) *JCI Insight* 1.

¹⁹ ‘Clinical Trial on Semaglutide Shows Promise for Treatment of Alcohol Use Disorder, Warrants Further Trials’, *UNC Health and UNC School of Medicine* (News Blog, 25 June 2024) <<https://news.unchealthcare.org/2024/06/clinical-trial-on-semaglutide-shows-promise-for-treatment-of-alcohol-use-disorder-warrants-further-trials/>>.

²⁰ Ibid.

²¹ Fares Qeadan, Ashlie McCunn and Benjamin Tingey, ‘The Association Between Glucose-Dependent Insulinotropic Polypeptide and/or Glucagon-Like Peptide-1 Receptor Agonist Prescriptions and Substance-Related Outcomes in Patients With Opioid and Alcohol Use Disorders: A Real-World Data Analysis’ (2024) *Addiction* (advance).

Regarding evidence for the efficacy of telephone and online services (p. 18):

People experiencing addiction face many barriers to accessing care, including concerns around privacy, stigma, and discrimination; waiting lists for treatment, and location of services.²² Addiction treatment systems are also complex and difficult to navigate, so people seeking help often do not know who to contact first or how to find the right support that meets their needs and expectations. These issues can delay help-seeking or prevent it altogether.

Alcohol and other drug helplines provide callers with immediate crisis support, counselling, harm reduction advice, and brief interventions, as well as information and access to referrals. They can be contacted anonymously, from anywhere and at any time, making them a highly accessible entry point to care for people experiencing addiction, especially those living in rural and regional areas. Relatively modest investment in helplines can produce significant returns by making AOD counselling more accessible, given that every dollar invested in AOD counselling saves up to \$23.²³

It works for tobacco and mental health

Quitlines are evidence-based, cost-effective, government-supported services that provide a one-stop shop to help people experiencing tobacco harms and nicotine addiction quit smoking. They offer proactive, stepped care treatment and support, and the results speak for themselves, with an additional 635 tobacco quitters and more than 22,000 life years saved by Victoria's Quitline every year.²⁴

A 2014 study of the Lifeline Online Crisis Support Chat Service found that for every dollar invested there is a social return of between \$7.40 and \$9.40.²⁵ One of the reasons for the success of mental health helplines (Beyond Blue, Lifeline etc.) is that they have multimillion dollar marketing campaigns each year to ensure people struggling with their mental health know where to call for help. By comparison, Australia's national alcohol and other drug helpline, *Counselling Online*, receives only a tiny fraction of the funding spent on mental health helplines to deliver 24/7, confidential, free counselling and support, with only a small (\$30k p/a) budget for online marketing.

Telephone delivered interventions

The Ready2Change program is a multiple-session out-bound telephone-delivered cognitive and behavioural intervention for mild-to-moderate substance use disorders, that can be embedded within 24/7 a helpline setting. A recent evaluation has shown that engagement in the program led to reductions in alcohol, methamphetamine and cannabis use problems, highlighting its potential to improve treatment access, especially for those living in regional or remote areas.²⁶ A recent NHMRC-funded randomised controlled trial also demonstrated the effectiveness of Ready2Change in reducing alcohol harm severity, risky drinking patterns, and total alcohol consumption.²⁷

²² Annette Peart et al, 'Peer Navigation: A Pilot Study to Improve Recovery Capital For Alcohol and Other Drug Telephone Helpline Callers' (2024) *Drugs: Education, Prevention and Policy* 1, 5.

²³ Alexandra Voce and Tom Sullivan, *What are the Monetary Returns of Investing in Programs That Reduce Demand for Illicit Drugs?* (Report, No 657, 8 September 2022) 8 <<https://www.aic.gov.au/publications/tandi/tandi657>>.

²⁴ Nikki McCaffrey and Rob Carter, *Economic Evaluation of the Victorian Quitline Service* (Report, March 2018) 4 <https://www.researchgate.net/publication/346503057_Economic_evaluation_of_the_Victorian_Quitline_service>.

²⁵ Net Balance, *Social Return on Investment Forecast of the Lifeline Online Crisis Support Chat Service* (Report, 6 January 2014) 5 <<https://www.lifeline.org.au/media/esypbhml/social-return-investment-forecast-2014.pdf>>.

²⁶ Jasmin Grigg et al, 'Ready2Change: Preliminary Effectiveness of a Telephone-Delivered Intervention Program For Alcohol, Methamphetamine and Cannabis Use Problems' (2022) 41(2) *Drug and Alcohol Review* 517, 524.

²⁷ Dan Lubman et al, 'Effectiveness of a Stand-alone Telephone-Delivered Intervention for Reducing Problem Alcohol Use A Randomized Clinical Trial' (2022) 79(11) *JAMA Psychiatry* 1055, 1059.

Peer navigation

As they are often the first point of contact when people begin to seek support, alcohol and other drug helplines provide a good opportunity for healthcare navigation. The lived experience peer workforce is expertly placed to provide healthcare navigation due to their real life experience of accessing treatment, while also breaking down stigma, and amplifying feelings of hope, empowerment, and acceptance. Peer navigators can explain to callers the programs, treatment services and supports available, identify and respond to individual barriers to care, as well as help callers connect to services and local community supports.²⁸

A Turning Point study found callers who were connected with a helpline peer navigator for up to six weeks reported improved recovery capital (the range and strength of a person's internal and external resources used to initiate and sustain recovery), and their feelings of self-efficacy and confidence also increased. Participants' levels of risky and harmful alcohol and drug use also decreased.²⁹

Yours sincerely,

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²⁸ Annette Peart et al, 'Patient Navigators Facilitating Access to Primary Care: A Scoping Review' (2018) 8(3) *BMJ Open* 1, 3-10.

²⁹ Annette Peart et al, 'Peer Navigation: A Pilot Study to Improve Recovery Capital for Alcohol and Other Drug Telephone Helpline Callers' (2024) *Drugs: Education, Prevention and Policy* 1, 6.