



AHA Position

- Any practice that sees anti-alcohol NGOs receiving Federal Government funding to lobby the Federal Government must end.
 - Organisations receiving more than 50% of their total funding from the Government being prevented from advocating for state or federal legislative change.
 - Greater attention should be given to ensuring conflicts of interest do not exist where individuals whose organisations receive government grants are able to sit on boards where decisions on the allocation of grant funding are made.
 - The Federal Government should recognise the jurisdiction over liquor licensing, policing and alcohol promotion by state and territory governments and not seek to duplicate or override these.
 - The AHA supports the concept of personal responsibility by:
 - Abolishing the Australian National Preventative Health Agency (ANPHA, 2012-13 funding appropriation - \$83 million) and arranging for its necessary functions to be undertaken by the Department of Health & Ageing.
 - Opposing a volumetric system of alcohol taxation or a national minimum price for alcohol.
 - Opposing mandatory warning messages on alcohol labelling or at the point of sale.
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Background

The Federal Government provides more than \$100 million per year to a variety of non-government organisations for the provision of services relating to preventative health, around \$83 million of which is administered by ANPHA. A significant amount of this funding is unnecessary, duplicated by other government agencies or wasteful. For example, \$25 million of government grants were recently provided to replace alcohol sponsorship of 14 Australian sports, despite 13 of these sports not actually receiving any alcohol sponsorship in the first place.

There are also serious concerns that instead of supporting the provision of services, government funding is being used to support advocacy efforts by these organisations to bring about legislative or policy change, particularly relating to the consumption of alcohol. Effectively, anti-alcohol organisations are being funded by the Federal Government to lobby the Federal Government to change its alcohol policies.

This practice was sufficiently concerning to the Newman Government in Queensland that it inserted the following clause in Queensland Health funding agreements:

"Where the Organisation receives 50% or more of its total funding from Queensland Health and other Queensland government agencies, the Organisation must not advocate for State or Federal legislative change. The Organisation must also not include link on their website to other organisations' websites that advocate for State or Federal legislative change."

The Queensland Government has said its funding to health-related NGOs is designed to fund health and services outcomes rather than political campaigning.

The AHA strongly supports the Queensland Government policy in relation to health funding and calls for the Federal Government to institute a similar policy for its funding agreements

with organisations receiving funding from Health budget (including the Department of Health & Ageing and various agencies such as ANPHA).

Industry has also been forced to deal with numerous Federal policy inquiries and reviews instigated by the health lobby, even in areas that are the domain of state/territory governments. The Federal Government should recognise the jurisdiction of the state and territories in the areas of liquor licensing, trading hours, policing and alcohol promotions and not seek to duplicate or override regulation in these areas.

