Reducing harms from alcohol in our communities

Position statement

Counties Manukau Health (CM Health) cares about the achievement of equitable health and wellbeing for the population we serve. Alcohol-related harms are major contributors to inequities in health and wellbeing outcomes. We support working together with people, whaanau, families, communities, health agencies and other partners to influence the social and environmental determinants of hazardous alcohol use and improve access to healthcare services for people experiencing alcohol-related harm.

1. We support a broad and comprehensive package of evidence-based strategies that equitably prevent and reduce hazardous alcohol use and alcohol-related harm including:
    - restricting the availability of alcohol
    - increasing the minimum legal purchase age
    - increasing the price of alcohol
    - reducing alcohol advertising, promotion and sponsorship
    - drink driving countermeasures.
2. We support equitable access to high quality and culturally-appropriate healthcare services including assessment for hazardous alcohol use, brief and earlier intervention, and referral to treatment when indicated.
3. We support improving and refining information on hazardous alcohol use and alcohol-related harm in the Counties Manukau population and the geographical area we serve.
4. We support and encourage research and evaluation to ensure interventions targeting hazardous alcohol use and alcohol-related harm are effective and equitable.

Alcohol in our communities

Alcohol is not an ordinary commodity.[1] It is an intoxicant, toxin, and addictive psychotropic drug. Alcohol has been normalised and largely accepted by society, and causes more harm than any other drug in society.[2] Hazardous alcohol use contributes to large physical and mental ill-health, social, and economic burdens in New Zealand[3] and globally,[4] with impacts extending across sectors. Harm from alcohol extends beyond the individual and can result in harm to children (including those exposed to alcohol during pregnancy), whaanau, friends, and the wider community.[5]

In New Zealand, inequitable outcomes are apparent with men, Maaori, young people, and those living in more socioeconomically deprived areas at higher risk of alcohol-related harm.[6] Although many Pacific people do not drink alcohol at all, Pacific adults that do drink alcohol are more likely to have a hazardous drinking pattern than non-Pacific adults.[7] The harmful health impacts of hazardous alcohol use in New Zealand are divided almost equally between injury and chronic disease outcomes[3] and burden both inpatient and outpatient hospital

services, and primary care services in the community. Alcohol-related health conditions are not confined to the minority that experience alcohol dependence[8] with even low consumption increasing the risk of some chronic conditions (e.g. breast cancer[9]).

Counties Manukau district has an ethnically diverse population with strong cultural values. It is home to New Zealand's second largest Maaori population and largest population of Pacific peoples. In Counties Manukau, it is estimated[i] that 13% of adults aged 15 years and over (approximately 50,000 people) have hazardous alcohol use. Prevalence of hazardous alcohol use in Maaori is disproportionately high at 29%.[10] For people living in the Counties Manukau district there are, on average, five alcohol off-licence[ii] premises within a five minute drive, and 30 off-licence premises within a 10-minute drive of where people live. Furthermore, one quarter of the schools and preschools are located within a five minute walk of at least one off-licence premise, and over half are located within a 10-minute walk of at least one off-licence premise.[iii]

Rationale for our position

Hazardous and harmful alcohol use is identified as a major contributor to inequities and is amenable to healthy public policy.[11] Each of the evidence-based strategies below is identified as an area for national action in the World Health Organization 2010 Global strategy to reduce the harmful use of alcohol.[12]

1. **Equitable prevention of hazardous alcohol use and alcohol-related harm**

- **Restricting the availability of alcohol**
  - Increased alcohol outlet density is associated with increased alcohol-related harm.[13] Alcohol outlets are inequitably distributed in New Zealand with more alcohol outlets situated in socioeconomically deprived areas,[14] further contributing to the unequal distribution of harm. There is strong evidence pertaining to the beneficial effects of reduced trading hours on alcohol-related harm.[15]
- **Increasing the minimum legal purchase age**
  - Young people are more vulnerable to alcohol-related harm than other age groups.[4] Alcohol use during mid-to-late adolescence is associated with impacts on brain development.[16] Raising the purchase age reduces adolescent access to alcohol, reduces harmful youth drinking, and raises the age at which young people start drinking.[1]
- **Increasing the price of alcohol**
  - Raising alcohol prices is internationally recognised as an effective way to reduce alcohol-related harm.[17] Policies that increase the price of alcohol delay the start of drinking, reduce the volume consumed per occasion by young people, and have a greater effect on heavy drinkers.[18]

[i] Crude prevalence
[ii] Bottle stores, licensed supermarkets and grocery stores
[iii] GIS analysis from Auckland Regional Public Health Service

- **Addressing alcohol advertising, promotion and sponsorship**
  - Alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, drink more if they are already consuming alcohol,[19] and makes it more difficult for hazardous users of alcohol to abstain.[20]
- **Drink driving countermeasures**
  - The risk of motor vehicle accidents increases exponentially with increasing alcohol consumption.[21] In New Zealand, it has been estimated that over a quarter of road traffic injuries across all road user groups involve alcohol.[5] Laws setting a low level of blood alcohol concentration at which one may drive legally and well-publicised enforcement significantly reduce drink-driving and alcohol-related driving fatalities.[1]

2. **Equitable access to high quality and culturally-appropriate healthcare services**
   - Assessment, brief advice, and referral to specialist services when indicated in healthcare settings (e.g. general practice[22] and Emergency Departments[23]) reduce hazardous drinking and alcohol-related harms. Detoxification is an effective treatment for alcohol dependence and addiction.[1]
3. **Improving and refining information on hazardous alcohol use and alcohol-related harm**
   - Robust data are needed to accurately describe the burden from alcohol, inform decisions on what strategies and initiatives to develop and fund,[12] and support our communities and intersectoral partners with their alcohol data needs.
4. **Research and evaluation to ensure effective and equitable interventions**
   - Research is needed to identify evidence-based interventions for the communities we serve. Evaluation is required to measure the effectiveness of implementation and impact on equity.

Policy and legislative environment

CM Health's position on alcohol in our communities has been developed in the context of the national policy and legislation outlined below. Additionally, the principles of Te Tiriti o Waitangi[iv] and the United Nations Declaration on the Rights of Indigenous Peoples[v] necessitate comprehensive strategies that address longstanding inequities in alcohol-related harm between Maaori and non-Maaori.

National Drug Policy 2015 to 2020

The National Drug Policy[24] frames alcohol and other drug (AOD) problems as, first and foremost, health issues. The Policy aims to minimise AOD-related harm and protect health and wellbeing by delaying the uptake of AOD by young people, reducing illness and injury from AOD, reducing hazardous drinking of alcohol, and shifting attitudes towards AOD. Evidence-based strategies included in the Policy are:

[iv] Te Tiriti o Waitangi principles: **Participation, partnership, and protection**
[v] Ratified by New Zealand in 2010

- **Problem limitation:** Reduce harm that is already occurring to those who use AOD or those affected by someone else's AOD use through safer use, ensuring access to quality AOD treatment services, and supporting people in recovery.
- **Demand reduction:** Reduce the desire to use AOD through education, health promotion, advertising and marketing restrictions, and influence conditions that promote AOD use.
- **Supply control:** Prevent or reduce the availability of AOD through border control, supply restrictions, licensing conditions and permitted trading hours.

The Sale and Supply of Alcohol Act 2012

This Act[25], replacing the previous Sale of Liquor Act 1989, adopts a harm minimisation approach. Its adoption followed a lengthy review by the Law Commission[8] which recommended greater restrictions to the sale and supply of alcohol. Compared to the previous Act, alcohol-related harm is more broadly defined as both direct and indirect harm to an individual, society or the community caused by the excessive or inappropriate consumption of alcohol. The Act provides for Territorial Authorities (TAs) to develop and implement a Local Alcohol Policy (LAP). The aim of a LAP is to minimise alcohol-related harm through measures to control the local availability of alcohol. Ideally, they should address local concerns and target inequities in alcohol-related harm. LAPs are drafted in consultation with the police, alcohol licensing inspectors, and Medical Officers of Health (MOoH), and include community input.

The Counties Manukau district spans three TAs, all of which have either adopted LAPs (Hauraki and Waikato District Councils[vi]) or are progressing towards adopting LAPs (Auckland Council[vii]). The two adopted LAPs place proximity limits on new off-licences with reference to facilities (schools, early childhood centres and playgrounds) and other off-licences. The Provisional Auckland Council LAP places a two-year freeze on new off-licences in 23 areas that experience high levels of harm, 13 of which are in the Counties Manukau area. All three TAs have restricted maximum trading hours for both off and on-licences[viii].

The Act has increased the role of the MOoH in the licensing process, whereby they are now required to inquire into most licensing applications[ix] and provide input into LAPs. In the Auckland region, this role is provided by the Auckland Regional Public Health Service on behalf of all three metro Auckland District Health Boards including CM Health. District Health Boards are required to respond to TA requests for alcohol-related health information to inform their LAP.

[vi] LAPs at http://www.hauraki-dc.govt.nz/assets/council_documents/Policies/LocalAlcoholPolicy2016.pdf and https://wdcsitefinity.blob.core.windows.net/sitefinity-storage/docs/default-source/your-council/plans-policies-and-bylaws/policies/local-alcohol-policy-2017.pdf?sfvrsn=8522bbc9_4

[vii] Provisional LAP available at https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-policies/provisionallocalalcoholpolicy/provisionallap.pdf

[viii] Premise where the sale, supply and consumption of alcohol is authorised on site (ie- Hotel, restaurant, bar)

[ix] Includes on, off, and club licence applications

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