Auckland DHB Position Statement: Reducing Harms from Hazardous Alcohol Use in our Communities

Alcohol is seen by most as a normal part of New Zealand life, yet it causes more harm than any other drug. The way alcohol is viewed, sold, supplied and marketed in New Zealand influences how much and the way people drink alcohol. Alcohol use can affect peoples' physical and mental health, relationships, and ability to work or study meaning that whānau (family), friends and communities are affected as well as the person drinking alcohol.

Harm from alcohol is not limited to those with alcohol addiction and dependence, but effects even those that drink low to moderate amounts. Harms from alcohol are not spread out evenly across our communities with some groups affected more than others. Auckland District Health Board cares that everyone in the population we serve being is able to have good health and wellbeing and supports the following evidence-based position statement.

A position statement is a brief, evidence-based, high level statement about a specific issue. This statement has been reviewed by alcohol-related harm experts. It provides a strong base for Auckland DHB's alcohol harm minimisation work by clearly stating the policies and actions that Auckland DHB supports.

Position Statement

Auckland District Health Board (ADHB) 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, whānau, 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 ADHB 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.[i] 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.[ii] Hazardous alcohol use contributes to large physical and mental ill-health, social, and economic burdens in New Zealand[iii] and globally,[iv] 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), whānau, friends, and the wider community.[v]

In New Zealand, inequitable outcomes are apparent with men, Māori, young people, and those living in more socioeconomically deprived areas at higher risk of alcohol-related harm.[vi] 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.[vii] 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[viii] with even low consumption increasing the risk of some chronic conditions (e.g. breast cancer[ix]).

In ADHB, it is estimated that 18%[1] of adults aged 15 years and over (approximately 47,000 people) have hazardous alcohol use. Men in ADHB have a higher prevalence of hazardous drinking at 26% compared to women at 12%. These rates are highest amongst the 15-24 years age group and decline with age, being lowest in the 65+ years age group. By ethnicity, prevalence of hazardous alcohol use in Māori was 37.6%, Other 25%, Pacific 24.3% and Asian 4%.

Hazardous and harmful alcohol use is identified as a major contributor to inequities and is amenable to healthy public policy.[x] 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.[xi]

1. <u>Equitable prevention of hazardous alcohol use and alcohol-related harm</u>
   - Restricting the availability of alcohol
     - Increased alcohol outlet density is associated with increased alcohol-related harm.[xii] Alcohol outlets are inequitably distributed in New Zealand with more alcohol outlets situated in socioeconomically deprived areas[xiii], 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.[xiv]
   - 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.[xv] 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.[xvi] 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.[xvii]
   - 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,[xviii] and makes it more difficult for hazardous users of alcohol to abstain.[xix]
   - Drink driving countermeasures

[1] New Zealand Health Survey 16/17 Data

- The risk of motor vehicle accident increases exponentially with increasing alcohol consumption.[xx] In New Zealand, it has been estimated that over a quarter of road traffic injuries across all road user groups involve alcohol.[v] 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.[i]

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[xxi] and Emergency Departments[xxii]) reduce hazardous drinking and alcohol-related harms. Detoxification is an effective treatment for alcohol dependence and addiction.[i]
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,[xii] 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

ADHB'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[2] and the United Nations Declaration on the Rights of Indigenous Peoples[3] necessitate comprehensive strategies that address longstanding inequities in alcohol-related harm between Māori and non-Māori.

National Drug Policy 2015 to 2020

The National Drug Policy[xxiii] 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:

- **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[xxiv], 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,

[2] Te Tiriti o Waitangi principles: **Participation, partnership, and protection**

[3] Ratified by New Zealand in 2010

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.

Auckland Council is in the process of developing Auckland's LAP. The Provisional LAP has many elements to minimise alcohol-related harm in the Auckland region, including reducing off-licence trading hours and providing additional protections to the Auckland CBD and 23 priority areas which experience high levels of harm. There are two concurrent legal processes which are delaying adoption of Auckland's LAP; appeals and judicial reviews. The involvement of the MOoH (provided by Auckland Regional Public Health Service on behalf of the three Auckland District Health Boards) is ultimately to continue to support Auckland Council to arrive at a reasonable and effective LAP that contributes to reduced alcohol-related harm, and in particular harm to health, within the Auckland region.

The Act has increased the role of the MOoH in the licensing process, whereby they are now required to inquire into most licensing applications[1] 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. District Health Boards are required to respond to TA requests for alcohol-related health information to inform their LAP.

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[xvi] Wagenaar AC, et al. 2010. *Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review.* American Journal of Public Health, 100 (11), 2270-2278.

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[1] Includes on, off, and club license applications

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