WHANGANUI DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

Whanganui District Health Board

Position statement on alcohol

October 2019

Introduction

The following document is Whanganui District Health Board's view on alcohol and alcohol-related harm. It uses evidence and policies gathered locally, nationally and internationally to show where we stand on alcohol harm minimisation in our community and how we will help reduce it through our health services and promotion.

Alcohol in our communities

Alcohol is not an ordinary commodity (Babor, 2010). 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 (Nutt et al., 2010). Hazardous alcohol use contributes to large physical and mental ill-health, social, and economic burdens in New Zealand with impacts extending across sectors (Ministry of Health, 2016). 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 (Connor et al., 2012).

In New Zealand, inequitable outcomes are apparent in men, Māori, young people, and those living in more socioeconomically deprived areas, who are all at higher risk of alcohol-related harm (Meiklejohn et al., 2012). The harmful health impacts of hazardous alcohol use in New Zealand are divided almost equally between injury and chronic disease relating to alcohol abuse in both inpatient and outpatient hospital services, and in primary care services in the community. Alcohol-related health conditions are not confined to the minority of people who experience alcohol dependence (The New Zealand Law Commission, 2010). Even low consumption increases the risk of some chronic conditions such as breast cancer (Key et al., 2006).

The following issues were identified in Whanganui District Council's Provisional Local Alcohol Policy

- 99% of respondents reported that Whanganui has too many or enough liquor outlets.
- Many respondents said there should be more control over where alcohol can be purchased in the community. 90% of respondents believe that there should be restriction on how close outlets that sell alcohol should be to preschools, kindergartens, primary and secondary schools.
- In 2014, 18.7% of residents (compared to the New Zealand average of 15.5%) identify themselves as a hazardous drinker.
- Whanganui's population is more prone to alcohol related harm (this is because 22% of the district's population identify as Māori, 7.4% are aged 18 to 24, and 39% experience high degrees of deprivation).
- When contrasting on and off-licence closing hours to Emergency Department (ED) presentations, more alcohol-related ED presentations occur in conjunction with the availability of alcohol and the closing times of on and off-licence outlets.
- Alcohol-related chronic disease admissions for the most part have been relatively steady across 2013 to 2015 for both discharge and patient counts.
- Deaths and injuries where alcohol was deemed a contributing factor are on the increase.
- In 2015, 45% of alcohol and other drug referrals have a diagnosis of Alcohol Use Disorder.
- Over the last five years, Police actions undertaken where a person is found intoxicated in public (drunk custodies) peak between 1am to 1:59am, coinciding with the final hour of trade for off-licences.
- Police data indicates that alcohol was a factor in 19% of all family violence cases attended during 2014/15 and 2015/16.
- Where there is a concentration of licences, and the relatively higher availability of alcohol (Central Whanganui, Whanganui East, Aramoho, Gonville and Castlecliff), there is also a higher frequency of violence events and drunk custodies than in areas where there is a lesser concentration of licences and relatively less availability of alcohol.
- 15% of the total vehicle crashes recorded for the Whanganui district in 2014 were alcohol-related.

WDHB Position statement on alcohol

1. We support a broad and comprehensive package of evidence-based strategies that 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
- increasing drink driving countermeasures
- increasing treatment options for harmful alcohol use.

2. We support equitable access to appropriate healthcare services including assessment for hazardous alcohol use, brief and early intervention, and referral to treatment when indicated.

3. We support collection and reporting of alcohol-related health presentations within the Whanganui District Health Board (WDHB) region in a consistent manner and provision of assistance with regulatory issues, as required.

4. We support providing health promotion activities with a focus on addressing and reducing alcohol-related harm in the Whanganui District Health Board region through:

- working with Territorial Authorities (local councils) to develop and implement Local Alcohol Policies and other licensing issues
- making submissions to liquor licence applications and policies concerning alcohol. This requires that our Health Protection Service communicates with WDHB regarding new licence applications
- strengthening intersectoral collaboration and engagement to deliver coordinated alcohol-related harm reduction approaches and treatment strategies
- promoting awareness of alcohol-related harm before, during and after pregnancy to reduce the risk of Fetal Alcohol Spectrum Disorder
- supporting and encouraging research and evaluation to ensure interventions targeting hazardous alcohol use and alcohol-related harm are effective and equitable
- promoting alcohol harm reduction amongst WDHB staff, including education and services available for treatment and support
- choosing not to advertise and promote alcohol and not accepting sponsorship from alcohol companies.

Rationale for our position

Hazardous and harmful alcohol use is identified as a major contributor to inequities and is amenable to healthy public policy (Wilkinson et al., 2003). 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.

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 (Connor et al., 2011). Alcohol outlets are inequitably distributed in New Zealand with more alcohol outlets situated in socioeconomically deprived areas further contributing to the unequal distribution of harm (Hay et al., 2009). There is strong evidence pertaining to the beneficial effects of reduced trading hours on alcohol-related harm (Popova et al., 2009).

- **Increasing the minimum legal purchase age**
  Young people are more vulnerable to alcohol-related harm than other age groups. Alcohol use during mid-to-late adolescence is associated with impacts on brain development (Luciana et al, 2013). Raising the purchase age reduces adolescent access to alcohol, reduces harmful youth drinking, and raises the age at which young people start drinking.

- **Increasing the price of alcohol**
  Raising alcohol prices is internationally recognised as an effective way to reduce alcohol-related harm (Wagenaar et al., 2010). 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 (Anderson et al., 2009).

- **Addressing alcohol advertising, promotion and sponsorship**
  Alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol and drink more if they are already consuming alcohol. Advertising and promotion also makes it more difficult for hazardous users of alcohol to abstain (Thomson et al., 1997).

- **Drink driving countermeasures**
  The risk of motor vehicle accidents increases exponentially with increasing alcohol consumption (Taylor et al., 2010). In New Zealand, it has been estimated that over a quarter of road traffic injuries across all road user groups involve alcohol. 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.

- **Increasing treatment options for harmful alcohol use**
  The cumulative evidence from more than 100 randomised controlled trials conducted to evaluate the efficacy of brief interventions shows that clinically significant reductions in drinking and alcohol-related problems can follow from this kind of intervention (Babor et al., 2010). In addition to this, mutual help groups are often used as a substitute or as an adjunct to treatment and can have incremental effect when combined with formal treatment, and attendance alone may be better than no intervention.

2. Equitable access to appropriate healthcare services

Assessment, brief advice, and referral to specialist services when indicated in healthcare settings reduce hazardous drinking and alcohol-related harms (O'Donnell et al., 2014).

3. Collection and reporting of alcohol-related presentations on hazardous alcohol use and alcohol-related harm

Robust data is needed to accurately describe the burden from alcohol, inform decisions on what strategies and initiatives we need to develop and fund, and to support our community and partners in the sector with their alcohol data needs.

4. Continue to promote health activities with a focus on addressing and reducing alcohol-related harm in the Whanganui DHB region.

Health promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (Ottawa Charter, 1986).

Policy and legislation which supports our statement

The WDHB's position on alcohol in our communities has been developed in the context of the National Drug Policy, which sets out the Government's approach to alcohol and other drug issues, with the overarching goal of minimising alcohol and other drug harm, and promoting and protecting health and wellbeing.

Additionally, the principles of Te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples mean comprehensive strategies must be developed to address longstanding inequities in alcohol-related harm between Māori and non-Māori.

The National Drug Policy

The policy 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, 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 services or those affected by someone else's AOD use through safer use, ensuring access to quality AOD treatment services, and supporting people in recovery.
- Protect the most vulnerable members of our community when it comes to alcohol-related harm including children and young people, pregnant women and babies (Fetal Alcohol Spectrum Disorder).

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, which replaces the Sale of Liquor Act 1989, adopts a harm minimisation approach. Its adoption followed a lengthy review by the Law Commission 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 (local councils) to develop and implement a Local Alcohol Policy (LAP).

The aim of a LAP is to minimise alcohol-related harm through controlling 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, with community input.

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