

JOINT ALCOHOL STRATEGY

REDUCING ALCOHOL RELATED HARM

NAPIER CITY COUNCIL

HASTINGS DISTRICT COUNCIL

REVISED 2017



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STRATEGY SUMMARY

Vision: A safe and healthy community,
free from alcohol related harm

Objective 1:
Demonstrate
leadership to
reduce
alcohol harm

Objective 2:
Foster safe
and
responsible
events and
environments

Objective 3:
Change
attitudes
towards
alcohol to
reduce
tolerance for
alcohol harms

At risk group 1: Young people (including under-age drinkers)

At risk group 2: Men

At risk group 3: Māori

At risk group 4: Women who are or may become pregnant

Council areas of influence

Leadership
Event and facility management
Advocacy
Promotion
Regulation
Collaboration

BACKGROUND

Hawke's Bay is renowned as 'wine country'. We have the ideal climate and environment for growing grapes, yet set amongst this we also have one of the highest hazardous drinking rates in New Zealand. Our chances of getting alcohol related cancers or injuries are much greater in Hawke's Bay where one in every four adults is a 'hazardous drinker' – meaning they are likely to be harming their own health or causing harm to others through their behaviour.¹ Our hazardous drinking levels are not explained by our younger population or our higher proportion of Māori.

Alcohol leads to a range of problems, including health issues, death and injury, violence, suicide, assault, and anti-social behaviours. The issues manifested by alcohol consumption are a problem across the whole community including for young newly-born babies, infants and children, young people, adults and seniors, and across the generations.

Our hazardous drinking levels have remained relatively steady since 2002 and unless we do more than what we are currently, this is unlikely to change. Harmful alcohol consumption is a contributor to health inequities in Hawke's Bay. As stated in the 2014 *Health Inequity* report, "for a difference to be made we must tackle this collectively, and take responsibility as a community."²

The original joint alcohol strategy was adopted by Napier City Council (NCC) and Hastings District Council (HDC) in 2011. A literature review was prepared to inform the Strategy's vision and objectives, and stakeholders were consulted during its development. The 2011 Strategy recognised that while many enjoy alcohol in a responsible way, the region experiences issues relating to alcohol misuse such as crime, hospital visits, injuries, abuse and violence. Not every instance of alcohol use is harmful. However, the immediate and longer-term effects of alcohol use can be significant and wide-ranging.

This Strategy acknowledges the many groups and organisations working towards reducing alcohol harm and that collaboration is crucial. A key partner in this work is Hawke's Bay District Health Board (HBDHB), who have as a priority in their alcohol position statement to "input into the delivery of the ... Joint Alcohol Strategy to limit availability and promote safe, responsible drinking".³

The Strategy also closely aligns with the goals of our two local safe communities, Safer Napier and Safer Hastings, who have each identified reducing alcohol harm as a priority area.

This revised Strategy covers the period 2017-2022.

¹ McElroy C. 2014. *Health Inequity in Hawke's Bay*. Hastings, Hawke's Bay District Health Board.

² Ibid. p5.

³ Hawke's Bay District Health Board. 2016. *Position Statement on Reducing Alcohol-Related Harm*. Adopted by HBDHB 30 November 2016. See Appendix C.

VISION

The Strategy's vision is: "A safe and healthy community, free from alcohol related harm".

This is the same as the 2011 Strategy vision. It has been retained unchanged as it is aspirational and reflects feedback from the Napier and Hastings communities who identify alcohol harm as an issue in both areas.⁴

OBJECTIVES

Three key objectives are identified for the Strategy. These reflect areas in which the two Councils have either a leadership role or where they may have some influence.

The 2017-2022 Strategy objectives are:

1. Demonstrate leadership to reduce alcohol harm
2. Foster safe and responsible events and environments
3. Change attitudes towards alcohol to reduce tolerance for alcohol harms

The objectives also aim to support the following high-level priorities outlined in a range of national and local documents.⁵

- Reduce hazardous drinking of alcohol
- Delay uptake of alcohol by young people
- Reduce illness and injury from alcohol.

The Strategy supports a combination of regulatory approaches and preventative and educational interventions, acknowledging that all of these contribute to reducing alcohol harm. The Strategy also encourages collaboration between partner organisations – including councils, government agencies, community and business groups.

GROUPS AT RISK

To achieve the greatest impact, initiatives need to focus on a mix of both population-wide activities, and those targeting 'at-risk' groups. The information review available highlights the following priority groups for reducing alcohol harm in Hawke's Bay:

- Young people (including under-age drinkers)
- Men
- Māori.

An additional group is women who are or may become pregnant (and their family/whanau), recognising the potential risk of giving birth to a baby with fetal alcohol spectrum disorder if the mother drinks alcohol during pregnancy.

⁴ Community feedback on safe community priorities is sought annually via stakeholder workshops in Napier.

⁵ National Drug Policy (Inter-Agency Committee on Drugs. 2015. *National Drug Policy 2015 to 2020*. Wellington: Ministry of Health)

Health Promotion Agency's Statement of Intent (Health Promotion Agency. 2014. *Statement of Intent 2014 -2018*. Wellington: Health Promotion Agency)

Hawke's Bay District Health Board's Alcohol Harm Position Statement (Hawke's Bay District Health Board. 2016. *Position Statement on Reducing Alcohol-Related Harm*. Adopted by HBDHB 30 November 2016).

These four priority groups align with those identified by the HBDHB in their alcohol position statement, and with the national Fetal Alcohol Spectrum Disorder Action Plan.⁶

MONITORING AND REVIEW

The Strategy will be reviewed in five years. Annual assessments of progress will be undertaken through analysis of the following set of high-level alcohol harm indicators, for which reasonably reliable data is available.⁷ These assessments will determine if implementation activities are making an impact on the Strategy's objectives. They will also enable response to any emerging issues.

- Number of alcohol related fatal and serious injury road crashes
- Number of excess breath and blood alcohol traffic proceedings
- Number of 15 years and older hospitalisations wholly attributed to alcohol
- Hazardous drinking prevalence
 - Young people aged 15-24
 - Men
 - Maori
 - Maori men
 - Young Maori aged 15-24
- Alcohol attributable Emergency Department presentations
- Late night assaults

The indicator set will be reviewed and revised if new data becomes available.

Review of any collaborative activities will be undertaken following completion of each activity using the Results Based Accountability framework.

STRATEGIC LINKS

This Strategy links to a number of national and local policies and plans, as well as to the Sale and Supply of Alcohol Act 2012.⁸ See details in Appendix D.

⁶ FASD Working Group. 2016. *Taking Action on Fetal Alcohol Spectrum Disorder: 2016-2019: An action plan*. Wellington: Ministry of Health.

⁷ These indicators were developed locally as part of the Safe Communities monitoring framework.

⁸ Sale and Supply of Alcohol Act 2012. <http://www.legislation.govt.nz/act/public/2012/0120/latest/DLM3339333.html> Accessed 6 January 2017.

APPENDIX A: DATA AND INFORMATION SUMMARY, 2016⁹

DRINKING LEVELS

Alcohol continues to be an issue in Hawke's Bay and it is one that contributes to our rates of health inequities.¹⁰ Of particular concern is the continued high rate of hazardous drinking. We drink at almost twice the national hazardous drinking level and this is showing no sign of change (2002/03 to 2011/14¹¹). Levels of drinking in Hawke's Bay are higher than nationally among men and women, Māori and non-Māori, and across almost all age groups.

The Hawke's Bay population as a whole is drinking more hazardously than New Zealand and this is not explained by our younger population or our higher proportion of Māori.¹²

Rates of hazardous drinking have increased over the last decade for many groups, but particularly for Māori. Māori in Hawke's Bay have higher hazardous drinking rates compared to their non-Māori counterparts. In 2011/14 Māori men were 1.7 times more likely to have a hazardous drinking level than non-Māori men. Levels for Māori women were twice as high than non-Māori women.

In terms of age groups, hazardous drinking levels are highest in 15-24 year olds. Over half of young men in Hawke's Bay (54%) drank at hazardous levels in 2011/14, and 31% of young women. Our young men drink at significantly higher rates than the national average.

HOSPITAL VISITS

Another measure indicates ongoing high rates of Hawke's Bay hospital admissions attributable to alcohol. In recent years (since 2013), these rates have increased. Māori admission rates are now almost twice those of non-Māori.

Between 500 and 600 people are admitted to Hawke's Bay hospital each year for alcohol related issues, with an average hospital stay of 4.2 days. In 2014/15 the total direct hospital costs for these stays was over \$3 million (\$3,107,049).¹³ This cost excludes any outpatient and rehabilitation costs.

A recent study of all hospital emergency departments in New Zealand (including Hawke's Bay) found that one in four patients were there because of the harmful use of alcohol.¹⁴

⁹ Note that a number of other harms are linked to alcohol use but data is either unavailable or poor quality (eg, Police, Addiction services).

¹⁰ Hawke's Bay District Health Board. 2014. *Health Inequity in Hawke's Bay: Key findings 2014*. Hawke's Bay: HBDHB.

¹¹ Note New Zealand Health Survey data is pooled across multiple survey years to provide regional information.

¹² Hawke's Bay District Health Board. 2014. *Health Inequity in Hawke's Bay: Key findings 2014*. Hawke's Bay: HBDHB. p64.

¹³ HBDHB Data Warehouse.

¹⁴ *1 in 4 in NZ Emergency Departments Affected by Alcohol*. Australasian College for Emergency Medicine. Press Release 20 December 2016. <http://www.scoop.co.nz/stories/GE1612/S00101/1-in-4-in-nz-emergency-departments-affected-by-alcohol.htm> Accessed 5 January 2017.

MOTOR VEHICLE CRASHES

Our rate of motor vehicle crashes where alcohol was involved declined over the six years to 2014. Hawke's Bay rates are now similar to national rates, following a period of being significantly higher between 2009 and 2011.

While the rate of alcohol related crashes has declined in recent years, the proportion of crashes resulting in injuries (severe or non-fatal) has increased.¹⁵ These rates are slightly higher than the New Zealand averages.

The number of unique offenders exceeding the alcohol or other substance limit in Hawke's Bay continues to fall, declining 21% in the 12 months to March 2016.¹⁶ This is likely to be attributable to the lowered alcohol limit for drivers, introduced in December 2014. The majority of offenders are aged 15-29 (46%) and the number of Maori offenders is 30% higher than the number of European offenders.

¹⁵ Massey University – Wellington. Environment Health Indicators NZ Programme.

¹⁶ Statistics New Zealand 2106. www.nzdotstat.stats.govt.nz

IMPLEMENTATION PLAN

NCC and HDC staff will work with the Joint Alcohol Strategy Reference Group to develop the Strategy's Implementation Plan. Other stakeholders will also be involved to ensure alignment with other alcohol strategies, inclusion of other actions, and identification of collaboration opportunities.

APPENDIX C: HAWKE'S BAY DISTRICT HEALTH BOARD'S POSITION STATEMENT ON REDUCING ALCOHOL-RELATED HARM, 2016

HAWKE'S BAY DISTRICT HEALTH BOARD POSITION

Harmful alcohol consumption is a major risk factor which contributes to the physical, mental and social ill-health in our community and to Māori: non-Māori health inequities in Hawke's Bay. This health and social burden is borne not just by drinkers but often by others.

The Hawke's Bay District Health Board recognises that the widespread promotion of and accessibility to alcohol has a significant role to play in people's drinking behaviour. Similarly, the DHB understands that the strongest measures to reduce alcohol-related harm operate at a policy level and include increasing price, reducing availability and reducing advertising.

Hawke's Bay District Health Board commits to taking a leadership role in reducing alcohol-related harm in our community. The first steps involve the DHB developing a high-level Strategy and a more detailed Implementation (and Communication) Plan to take action in collaboration with our stakeholders and community.

OUR VISION

"Healthy communities, family and whānau living free from alcohol-related harm and inequity"

The Core DHB Values that underpin the *process* for developing the DHB's Strategy and plans to address alcohol-related harm are:

Rāranga te tira - Working in partnership across the community

The improvement of Māori outcomes will require Iwi defined and led strategies

Community engagement & ownership will be critical to change attitudes to alcohol –related harm

Tauwhiro - High quality care

Effective strategies need to be evidence informed

Population-based prevention strategies are the most effective and efficient, where possible to deliver at the local level

Improving early intervention support & treatment has an important role

He kauanuanu - Showing respect to staff, patients and community

A harm minimisation approach is realistic for many people, accepting that target groups need tailored advice and strategies

Systems thinking is critical to develop strategies which work synergistically

Akina - Continuous improvement

DHB leadership entails being a role model, e.g. holding alcohol-free events within our health system and thus leading the way towards moderation in the community

Relies on strengthened intelligence through improving health system data collection

The Hawke's Bay District Health Board is committed to supporting our government's [National Drug Policy 2015-2020](#)¹⁷ to:

- reduce excessive drinking by adults and young people
- protect the most vulnerable members of our community when it comes to alcohol-related harm e.g. children and young people, pregnant women and babies (Fetal Alcohol Spectrum Disorder)
- reduce the harm caused by alcohol use including crime, disorder, public nuisance and negative public health outcomes
- support the safe and responsible sale, supply and consumption of alcohol
- improve community input into local alcohol licensing decisions
- improve the operation of the alcohol licensing system.

Further to the above, the Hawke's Bay District Health Board is committed to:

- reduce and eliminate alcohol and other drug-related harm inequities – particularly for Māori, young people, pregnant women and others who experience disproportionate alcohol-related harm in our community.

NEXT STEPS

The Hawke's Bay District Health Board will undertake the following next steps as a priority.

1. Identify the appropriate capacity and resource to lead the development of an Alcohol Harm Reduction Strategy and Implementation Plan.
2. Identify a governance and management structure to guide and provide an accountability mechanism for the Coordination and Strategy/Plan delivery.
3. Support high-level Champions within our health system and in the community to act as spokespersons and be credible role models to help shift staff, community, whanau, family and individual attitudes to reduce harmful alcohol consumption.
4. Identify the best way to input into the review and delivery of the Napier City and Hastings District Councils' Joint Alcohol Strategy to limit availability and promote safe, responsible drinking.
5. Establish the best method to engage the relevant departments across our DHB and PHO, and to engage with Iwi, Pasifika, young people and community (building on existing groups -Safer Communities, Māori NGOs etc), to develop appropriate strategies and to provide support.
6. Consider the development of a local Alcohol Coalition of NGOs and other agencies, akin to the Hawke's Bay Smokefree Coalition to build support at a community level.
7. Identify service gaps and priority objectives for local DHB action to include:
 - improved systems for health data collection/screening and brief intervention (e.g. in the Emergency Department, Maternity and Primary Care)
 - appropriate clinical referral pathways and treatment services
 - support for strong, consistent health messaging (such as no drinking in pregnancy).

KEY OUTCOMES

Consistent with the National Drug Policy the key outcomes our District Health Board is striving for, include:

- Reduced hazardous drinking of alcohol
- Delayed uptake of alcohol by young people
- Reduced illness and injury from alcohol

¹⁷ <http://www.health.govt.nz/system/files/documents/publications/national-drug-policy-2015-2020-aug15.pdf>

- Changed attitudes towards alcohol and reduced tolerance for alcohol-related harms

November 2016

Position Statement Review date: July 2017 (6 months) and on a 3 year cycle thereafter.

LINKAGES

National Drug Policy Framework (2015-2020) (Inter-Agency Committee on Drugs, 2015)

Rising to the Challenge - The Mental Health and Addiction Service Development Plan (2012-2017)

Hawke's Bay District Health Board:

Health Equity in Hawke's Bay (McElnay C 2014)

Health Equity in Hawke's Bay Update (McElnay C 2016)

Youth Health Strategy (2016-2019)

FASD Discussion Document (December 2015)

Intimate Partner Violence Intervention (Reviewed September 2016)

Mai, Māori Health Strategy (2014-2019)

Māori Health Annual Plan (2016 – 2017).

APPENDIX D: STRATEGIC LINKS

NATIONAL

Sale and Supply of Alcohol Act 2012

The Sale and Supply of Alcohol Act 2012¹⁸ replaces the Sale of Liquor Act 1989. It covers the safe and responsible sale, supply, and consumption of alcohol and the minimisation of harm caused by its excessive or inappropriate use. The Act introduces the following new provisions (among others):

- Default national maximum trading hours
- The opportunity for territorial authorities to develop local alcohol policies
- Criteria for issuing licences
- Conditions on licences (eg, one-way door restrictions, drinking water, food, low alcohol and non-alcoholic drinks, display of alcohol)
- Establishment of the Alcohol Regulatory Licensing Authority (ARLA) and District Licensing Committees (DLCs)
- Conditions for promotion of alcohol
- Restrictions on supplying alcohol to minors
- A clear definition of 'intoxication'.

National Drug Policy 2015-2020

The National Drug Policy¹⁹ is the guiding document for policies and practices responding to alcohol and other drug (AOD) issues. Its goal is to minimise alcohol and other drug-related harm and promote and protect health and wellbeing for all New Zealanders. Its objectives are:

- Delaying the uptake of AOD by young people
- Reducing illness and injury from AOD
- Reducing hazardous drinking of alcohol
- Shifting our attitudes towards AOD.

Activities identified in the Policy are categorised under three strategies: problem limitation, demand reduction, and supply control. The Policy aims to guide decision-making by local services, communities, and NGOs, to improve collaboration and maximize the effectiveness of the system as a whole.

Fetal Alcohol Spectrum Disorder Action Plan 2016-2019

The Fetal Alcohol Spectrum Disorder (FASD) Action Plan²⁰ aims to create a more effective, equitable and collaborative approach to FASD. It is a cross-agency commitment to support the current system to be more responsive to the needs of individuals, families, whānau, and communities. The goals of the plan are that FASD is prevented and that people with FASD and their family/whānau live the best possible lives. The four priority areas are prevention, early identification, support, and evidence.

¹⁸ <http://www.legislation.govt.nz/act/public/2012/0120/latest/DLM3339333.html> Accessed 6 January 2017.

¹⁹ Inter-Agency Committee on Drugs. 2015. *National Drug Policy 2015 to 2020*. Wellington: Ministry of Health.

²⁰ FASD Working Group. 2016. *Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019: An action plan*. Wellington: Ministry of Health.

Local Alcohol Policy (LAP)

The Sale and Supply of Alcohol Act 2012 allows local authorities to develop local alcohol policies (LAPs), which may cover the following:

- Location of licensed premises and proximity to certain facilities or premises
- Number of licensed premises in district or parts of district
- Maximum trading hours
- Discretionary conditions
- One-way door restrictions.

LAPs are optional. NCC and HDC have prepared a joint LAP to cover both districts. The provisional LAP was notified in June 2016 and was subsequently appealed. At the time of this Strategy's review the appeal was waiting to be heard by the Alcohol Regulatory and Licensing Authority.

Hawke's Bay District Health Board Position Statement on Alcohol Related Harm

The Hawke's Bay District Health Board (HBDHB) finalised their position statement on reducing alcohol-related harm in late 2016. In it, HBDHB states that it commits to taking a leadership role in reducing alcohol-related harm in the community. The first steps involve the DHB developing a high-level Strategy and a more detailed Implementation (and Communication) Plan to take action in collaboration with stakeholders and community.

HBDHB is committed to:

- reduce excessive drinking by adults and young people
- protect the most vulnerable members of the community when it comes to alcohol-related harm (eg, children and young people, pregnant women and babies (Fetal Alcohol Spectrum Disorder))
- reduce the harm caused by alcohol use including crime, disorder, public nuisance and negative public health outcomes
- support the safe and responsible sale, supply and consumption of alcohol
- improve community input into local alcohol licensing decisions
- improve the operation of the alcohol licensing system
- reduce and eliminate alcohol and other drug-related harm inequities – particularly for Māori, young people, pregnant women and others who experience disproportionate alcohol-related harm in the community.

District Plan

The Resource Management Act 1991 requires each local authority to develop a district plan that sets out the objectives and policies for suitable management of natural and physical resources. Both Hastings and Napier have provision in their district plans to control the sale of alcohol in various zones. Liquor ban areas are also determined by each Council through liquor control bylaws.

Long Term Plan

Under the Local Government Act 2001, Councils must develop Long Term Plans that promote community wellbeing. Reducing alcohol related harm contributes to the following community outcomes:

- Achieving and maintaining good health and wellbeing
- An environment that is appreciated, protected and sustained for future generations
- Safe and accessible recreational facilities
- Accessible, safe and affordable transport system
- A strong, prosperous and thriving economy
- Communities that value and promote their unique culture and heritage
- Safe and secure communities
- Strong leadership that is connected to its community.