### **Action on Alcohol**

2013 - 2018

A collaborative plan of action to reduce the harm from alcohol in Auckland



### Nā tō rourou, nā taku rourou ka ora ai te iwi

With your food basket and my food basket the people will thrive.

#### Introduction

Action on Alcohol is the result of a collaboration between agencies publically funded to reduce alcohol-related harm in Auckland, including public health agencies, addiction services, police and local government.

Action on Alcohol was developed in response to an expressed call from the wider alcohol harm reduction sector for greater collaboration, cohesiveness, communication, consistency and connectivity. This sector also expressed that there is a good understanding of what needs to be done and now it's time to take action to deliver evidence-based policies, programmes and interventions to reduce the harm caused by alcohol misuse.



These agencies have endorsed this plan and committed their support to its effective implementation:





## Auckland Regional Public Health Service Rătonga Hauora â Iwi o Tamaki Makaurau Waitemata District Health Board Best Care for Everyone C O U N T I E S MANUKAU H E A L T H

#### **Our Challenge**

Alcohol harm in Auckland is significant. We have higher rates of alcohol involved crashes, higher proportions of heavier drinkers and higher rates of wholly alcoholattributable hospitalisations than the rest of New Zealand. This harm is one of our region's greatest public health challenges.

Unfortunately, the high personal and financial tolls extend well beyond the drinker. Victims of alcohol-related assaults, domestic violence and babies born with fetal alcohol spectrum disorder are all too apparent to our police, court system and social service agencies.

Against this backdrop of harms, alcohol has never been cheaper, more readily available, nor more aggressively promoted.

We live in a large diverse city of over a million people, with significant populations of people at increased risk of experiencing alcoholrelated harm.

<sup>&</sup>lt;sup>1</sup> Huckle, T. (2014). Alcohol-related harm 2013: Auckland v New Zealand. SHORE Whariki, Massey University: Auckland.





#### **Our Purpose**

Action on Alcohol provides an agreed strategic planning framework for action to improve alcohol-related harm reduction outcomes and reduce inequalities in Auckland.

It seeks to:

- Encourage the implementation of evidence-based policy and practice,
- Foster intersectoral collaboration with a view to enhancing and maximising existing resources and efforts,
- Attract increased investment to fill identified gaps in the work,
- Respond to opportunities in Auckland.

It identifies agreed priority areas for action, key strategies and specific actions aimed at achieving a sustainable reduction in the harms caused by alcohol.

The plan has a five year time span and incorporates an Outcomes Monitoring Framework to measure progress. Monitoring will be ongoing with a review undertaken at the mid-point – June 2015.

This plan is not intended to take the place of individual agency plans; rather it is designed to complement these and focuses on the areas where agencies can gain efficiencies and effectiveness through collaborative planning and service delivery.

#### **Our Context**

Action on Alcohol recognises that many agencies, groups and individuals are involved with reducing alcohol-related harm, and that no one group or sector can address this issue effectively on their own. A focus of this plan is to enhance the collaboration and co-ordination of harm reduction efforts on Auckland, across and within sectors.

Action on Alcohol also recognises that evidence must underpin our activities. It draws on robust local, national and international scientific literature sources.

Global documents such as the World Health Organisation's Global Strategy to Reduce the Harmful Use of Alcohol and the Global Monitoring Framework for Non-Communicable Disease also act as useful quiding documents for this work.

Action on Alcohol utilises the definition of alcohol-related harm included in the Sale and Supply of Alcohol Act 2012, which is as follows:

The harm caused by the excessive or inappropriate consumption of alcohol includes –

- (a) any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol; and
- (b) any harm to society generally or the community, directly or indirectly, caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described in paragraph (a).

#### **Our Leaders**

An Executive Planning Group was established in May 2012. They have steered the development of this plan. This group includes representatives of lead agencies with responsibilities of addressing the harm alcohol causes in Auckland:

- Alcohol Healthwatch (Co-ordinating agency)
- Auckland Council
- Auckland Regional Public Health Service
- Community Alcohol & Drug Services (CADS)
- Hāpai Te Hauora
- Health Promotion Agency
- New Zealand Police

The Executive Planning Group has also drawn on the expertise of SHORE and Whariki Research Centre, Massey University, particularly in relation to the development of the plan's outcome indicators framework.

The Executive Planning Group will continue to provide oversight and leadership of the implementation and monitoring of this plan and will report on progress to the wider sector and national agencies.



With special thanks to Dr Taisia Huckle, SHORE and Whariki Research Centre, Massey University, Auckland.

DISCLAIMER: This plan has been developed by members of the Executive Planning Group on behalf of their respective agencies. The content of this plan does not necessarily reflect the policy positions of the agencies party to it. In particular, it should be noted that government organisations do not normally advocate for policy proposals that are under Government consideration, have recently been declined by Government or are at odds with their own empowering legislation. This plan does not commit any agency or its resources in any way other than a good faith commitment to the successful implementation of the plan.

### Strategic Framework

#### **Our Vision**

A safer, healthier, more liveable Auckland – free from the harm caused by alcohol

#### **Aim**

Sustained reduction in alcohol-related harm and inequalities

#### **Goals**

- 1. Reduced rates of risky drinking behaviours
- 2. Safer environments that support alcoholrelated harm prevention/reduction
- Communities and services are equipped to address alcohol issues and maintain desired outcomes



#### **Expected Outcomes**

- Reduced accessibility and availability of alcohol
- 2. Reduced exposure to alcohol marketing
- Reduced supply of alcohol to minors and others at risk
- 4. Reduced intoxication on licensed premises, public places and events
- 5. Improved access to and effectiveness of treatment, brief and earlier intervention
- 6. Grown leadership, collaborative planning and communication
- 7. Improved capacity to monitor and report on levels of alcohol-related harm in Auckland and more effectively evaluate progress

#### **Key Strategies**

- Co-ordinate advocacy for supportive evidenced-based policies, investment and resources
- Build capacity and capability of the respective workforces
- Enhance cross/inter sector co-ordination, collaboration and information/knowledge sharing
- Mobilise communities and support community engagement
- Communication
- Apply an equities lens across all planning and decision making
- Develop sustainable programmes and interventions
- Research and innovation





## Reduce Accessibility and Availability of Alcohol

The availability and accessibility of alcohol is a key driver of alcohol problems. Since 1989 the availability and accessibility of alcohol has been liberalised throughout New Zealand and the purchase age was lowered from 20 to 18 years of age. There is a substantial body of evidence that shows the relationship between this liberalised environment and increased alcohol problems including violence, motor vehicle crashes, public disturbances, injuries and binge drinking.

#### Strategic approach **Actions undertaken by** relevant agency/agencies Promote the uptake of and build support for Actively share information and opportunities for evidence-based national policies, including: advocacy. Increasing alcohol excise tax and introducing Mobilise community stakeholders to participate in minimum price; policy making processes. Increasing the legal purchase age for alcohol Achieve a joint alcohol policy position across DHBs to 20 years. - similar to that developed by South Island DHBs. Take opportunities to reframe the alcohol debate in the media and in community settings to build public awareness of and support for evidencebased policies. Develop and implement a Local Alcohol Policy Provide evidence and support to Auckland (LAP) for Auckland that effectively addresses Council through proactive engagement during the matters such as a) the number and density of planning process. liquor outlets b) the hours licensed premises can Actively share knowledge and information with trade c) and enables the effective implementation community leaders and engage their support for of other licensing mechanisms in order to reduce achieving this plan's outcomes. accessibility and availability. Ensure that Auckland's Unitary Plan and other planning mechanisms support the effectiveness of the LAP. Encourage and support community engagement Develop and implement a series of community in the development of the LAP and other relevant workshops to provide community stakeholders with the understanding of the new legislation and planning processes. the tools to engage with this. Ensure Māori have a sustainable forum through which they can engage and influence alcohol Establish and support a Māori led forum on alcohol issues. issues. Ensure the voices of Pacific, young people, lower Develop tools that are accessible to and socio-economic communities and other vulnerable meaningful for these populations. population groups are heard and their issues Support engagement processes for these addressed. populations. Ensure relevant workforces have the knowledge, Identify workforce needs and facilitate forums or tools and resources to effectively implement and training opportunities to meet these. enforce the new legislation. Assess resource needs and address as able. Ensure needs of both Kaupapa Māori and main stream services are assessed for capacity and capability for working with Māori and responding to the needs of vulnerable groups.



## Reduce Exposure to Alcohol Marketing

Alcohol marketing shapes young people's attitudes and behaviours, encouraging them to take up drinking, and to drink more once they do. Young people in New Zealand are encountering alcohol messages, associations and products in a multitude of everyday settings and interactions, including alcohol-sponsored music and sporting events, free gift promotions, alcohol-branded merchandise and interactive competitions. With the popularity of the internet and social media this exposure is becoming more intense.

Strategic approach	Actions undertaken by relevant agency/agencies
Promote the uptake of and build support for evidence-based national policies such as:	Actively share information and opportunities for advocacy.
Restricting alcohol advertising and sponsorship - as recommended by the NZ Law Commission;	Mobilise community stakeholders to participate in policy making processes.
Introducing warning labels on alcohol containers and at point of sale.	Achieve a joint alcohol policy position across DHBs – similar to that developed by South Island DHBs.
	Take opportunities to reframe the alcohol debate in the media and in community settings to build public awareness of and support for evidence- based policies.
Proactively enforce the provisions in the Sale and Supply of Alcohol Act 2012 concerning the "irresponsible promotion" of alcohol and single areas in supermarkets.	Monitor licensed premises for breaches of law and take enforcement action as required.  Monitor non-licensed sources for breaches of law and take enforcement action as required.
Ensure communities are aware of the provisions in the Sale and Supply of Alcohol Act 2012 in relation to "irresponsible promotion" of alcohol and single areas in supermarkets and ways in which they can monitor compliance and report possible breaches.	Provide information to communities through tools, resources and workshops.  Provide easy access to reporting mechanisms to community and ensure they get a helpful response.
Ensure public places and public events, especially those aimed at children, young people and families are free of alcohol marketing, and if/where possible alcohol-free; for example through bylaws and imposing conditions on liquor licences.	Provide information and advice to planners and event organisers.  Otherwise support as able.



# Reduce Supply of Alcohol to Minors and Others at Risk

There is no 'safe' level of drinking for young people. Young people experience more harm per standard drink than older drinkers. The Youth 2012 survey found that the most common sources of alcohol amongst current drinkers were parents (60%) and friends (44%).

#### **Actions undertaken by** Strategic approach relevant agency/agencies Build community capacity and capability to Develop an online resource/tool and associated prevent the supply of alcohol to young people, resources to disseminate information to the through the sharing of information and knowledge, community and parents. provision of tools and ongoing support. Develop a communications strategy to support Ensure parents and communities, especially those ongoing engagement with agencies and communities. with high proportions of vulnerable populations: • Understand the new legislation regarding the Work with one or more specific communities to supply of alcohol to minors, especially regarding develop and implement strategies. the need to supply responsibly and with supervision and; Develop and implement kaupapa Māori Can implement strategies to delay the onset of approaches. drinking alcohol amongst young people. Ensure there are adequate venues and activities Provide information and advice to planners and for young people that are alcohol-free, for example agencies. community hubs such as sports clubs, churches, Otherwise support as able e.g. linking marae and schools. groups/communities to funding opportunities and information/guides.



# Reduce Intoxication on Licensed Premises, in Public Places and at Events

The new definition of intoxication in the Sale and Supply of Alcohol Act 2012 along with other changes, provide a higher expectation for the sale, supply and consumption of alcohol in New Zealand. Alcohol is consumed in many different environments and during a variety of occasions. Everyone has a role in contributing to the safety and wellbeing of their communities by ensuring their practices reduce intoxication levels.

#### Strategic approach **Actions undertaken by** relevant agency/agencies Develop collaborative planning and co-operation Regulatory agencies to develop and operate within between enforcement agencies with a view to an agreed collaborative framework such as the maximising/enhancing regulatory/enforcement Alcohol Licensing Framework (ALF). functions. Enforcement agencies meet regularly to discuss opportunities to improve/enhance the effectiveness of enforcement practice, and implement agreed initiatives. Regulatory/licensing agencies and public health/ health promotion agencies share information and identify ways to add-value and support each other. Leverage the new provisions in the Sale and Supply Identify how best to apply the new provisions of Alcohol Act to ensure licensed premises in most effectively, and apply as agreed for example Auckland are operating to the highest standards of through the LAP, greater enforcement, or host responsibility and are compliant with licensing awareness about the new requirements. conditions and requirements: e.g. Public health and other agencies to provide Definition of intoxication support to regulatory agencies in any test cases Irresponsible promotion advanced. Conditions of licence Manage the exit of premises/licencees that Risk-based fees consistently breach the Act or licence conditions. Ensure licensees understand the implications of the 3 strike rule and the new offences related to managers and bar staff being intoxicated while on duty. Encourage and support the development and Provide evidence and support to Auckland enforcement of bylaws (liquor bans) to target the Council/Local Boards through proactive high risk areas/practices. engagement during the planning process. Ensure appropriate resources are available to enforce bylaws. Proactively enforce bylaws to ensure their ongoing effectiveness. Attract resource to undertake pseudo-patron, exit Utilise action research to expose non-compliant premises and risky drinking practices. breath or other surveys. Undertake surveys and communicate results widely. Ensure risk management plans are utilised at all Provide information and advice to planners and public and major events where alcohol is available/ agencies. permitted, and that these plans have a harm Otherwise support as able. prevention/reduction focus. Build workforce and community capacity in Identify needs for knowledge and training for: relation to effectively implementing/enforcing the District Licensing Committees new law, structures and rules concerning: Licensing/Enforcement agencies Community stakeholders e.g. Local Boards and others. Licensing criteria Definition of intoxication Provide for delivery of training or information in Risk-based fees etc. response to need. Mitigate risks for vulnerable populations in Assess outcomes of bylaw enforcement in relation relation to enforcement practice, and ensure there to vulnerable populations, and effectiveness of are alternative pathways available to address responses. offending/re-offending.



# Improve Access to and Effectiveness of Treatment, Brief and Earlier Intervention

The provision of treatment is part of a comprehensive approach. Over 20,000 Aucklanders seek treatment each year from a specialist addiction service, the overwhelming majority for alcohol related harm. For each of these Aucklanders there are partners, children and families who suffer because of their drinking.

Binge drinking is a common phenomenon in the city. The proportion of heavier drinkers between the ages of 16-65 years is higher in Auckland than the rest of New Zealand.¹ There is good scientific evidence that brief opportunistic interventions with this population reduces their alcohol intake and prevents problems. These interventions can be provided in multiple settings such as general practice, police, emergency departments, schools, or in the workplace. It requires a coordinated approach between these agencies to make that happen.

#### **Strategic Approach**

Develop a programme to establish and sustain routine screening, brief intervention and referral to treatment for alcohol conditions across a range of settings including:

- Police Custody units
- Hospitals: Especially following admission for alcohol-related injury
- Primary care settings

Other settings may include services where those accessing services maybe at risk of:

- Drink-driving
- Drinking during pregnancy
- Having or developing an alcohol abuse disorder/ addiction
- Perpetrating or experiencing interpersonal violence.

Build workforce capacity and capability to deliver routine screening, diagnosis, brief interventions, appropriate referrals and treatment options for alcohol conditions.

Ensure that Kaupapa Māori approaches are integrated.

Ensure that services are accessible and responsive to the needs of Māori, Pacific peoples, young people and their families and minority populations, and are sensitive to gender.

#### Actions undertaken by relevant agency/agencies

Identify priority settings and achieve agreement for establishing screening and brief intervention/ referral programme.

Work with management and staff of identified setting/s to assess needs and develop programme.

Work with funders and providers to ensure necessary funds/resources are available to support establishment and sustainability of programmes.

Identify training and development needs.

Provide for training, resources etc to meet those needs.

Develop/support development of I.T. tools and software to enable brief intervention and screening to occur in other settings e.g. primary care settings.



# Grow Leadership, Collaborative Planning and Communication

To achieve the vision of this plan, strong leadership, communication, collaborative planning and action will be required in Auckland. Together we will work towards implementing evidence-based strategies to reduce the harm caused by alcohol in our communities.

Strategic Approach	Actions undertaken by relevant agency/agencies
Establish and maintain a structure and process that supports leadership, collaborative planning and action in Auckland.	Executive Planning Group (EPG) to review Terms of Reference annually to support ongoing implementation and review of plan.
	Convene regular (at least bi-monthly) meetings of EPG to review progress, discuss issues and opportunities and develop responses.
	Convene regular (at least 2 per yr) inter-sectoral forums to review progress, discuss issues and opportunities and develop responses.
	Foster and support other forums through which to engage with diverse groups to - review progress, discuss issues and opportunities and develop responses.
Develop and implement a communications plan to support the achievement of the plan's outcomes.	A draft communications plan is developed and implemented.
Include strategies to:  (a) Reframe the public discourse towards the evidence;  (b) Challenge concepts such as the value of the night time economy.  Reach and engage communities/groups who experience inequitable outcomes.	Communication Plan is reviewed alongside plan.
Promote and support the development of a collaborative sector driven plan to reduce alcohol-related harm in other districts, regions and nationally.	Share progress of this Plan with a view to encourage and support similar initiatives.
	Lead and/or otherwise support national planning initiatives as able.
Build partnerships/coalitions with like-minded organisations and sectors (e.g. those with an interest in youth health, child health, road safety, injury prevention and violence prevention) and develop collaborative projects.	Identify possible partners and like-minded groups and include strategies for raising awareness and engagement with these in the communications plan.
	Implement as per communications plan.
Foster leadership among Māori and within vulnerable communities to support/enable their advocacy for greater protection through more effective policy and practice.	Identify possible organisations and leaders and include strategies for growing leadership amongst these groups in the communications plan.  Implement as per communications plan.
Support collaborative projects that are complementary to achieving the goals of this plan.	Share opportunities for collaborative projects and provide support to those projects identified.



# Improve our Capacity to Monitor and Report on Levels of Alcohol-related Harm and Evaluate Progress

Monitoring and evaluation is important to ensure the outcomes of this plan are achieved. A lack of alcohol-related data in Auckland has been identified as an issue which needs to be addressed.

Strategic Approach	Actions undertaken by relevant agency/agencies
Establish an Outcomes Indicators Framework to monitor progress of this plan.	Establish a baseline of alcohol-related harm indicators.
	Develop an annual report based on indicators including data/analysis at a local level (as able) and outcomes for vulnerable populations.
	Support improved collection and standardisation of local and national level alcohol-related data.
	Support the collection of routine ED alcohol- related data and make this available to key agencies.
Ensure the necessary data is available to report on progress against the plan, including both alcohol-related harm and inequities outcomes.	Advocate for/or undertake research to inform action and monitoring of indicators as required.
	Identify research projects that will add to the evidence base on alcohol harm reduction.

These indicators will be monitored in relation to the following variables: age, gender and ethnicity, timeframes and national comparisons.

### Outcomes Indicators Framework

#### **Outcomes indicators**

The following is a set of core indicators that will be used to track trends in alcohol-related harm over time in the Auckland Region. Analysis of indicators will include the period in which the Action on Alcohol plan is implemented.

#### **Indicators**

Alcohol-involved crashes (injury and fatal)

Wholly alcohol-attributable hospitalisations

Alcohol-related Emergency Department presentations

Violence in and around licensed premises

Proportion of drinkers consuming 8+ drinks on a typical occasion

These indicators will be monitored in relation to the following variables: age, gender, ethnicity, time-frames and national comparisons.



For more information on this plan and its progress please contact Alcohol Healthwatch.

Phone: 09 520 7036 or Email: ahw@ahw.org.nz

