PHA Policy on Alcohol

The Public Health Association notes that:

Each year alcohol related problems cause nearly 800 deaths and drain over $16 billion from the economy. Government gathers over $400 million a year in alcohol excise taxes, and spends a small part of this on reducing alcohol problems. [i, ii, iii]

Young people drink a high share of all alcohol consumed and suffer disproportionate harm from the alcohol they drink. The groups most likely to drink heavily and experience harm from their drinking are males aged 18-24, or among Maori aged 18-30. Over the 1990s the average amount consumed per occasion by teenage drinkers has been increasing. This has occurred in the context of liberalised licensing and advertising policies. The further liberalisation of alcohol sales in 1999 is likely to increase alcohol related harm among young people, as they aspire to adult lifestyles and patterns of socialising. [iv, v, vi]

Alcohol policy decisions need therefore to reflect understandings of how alcohol and its risks are embedded into New Zealand culture and concepts of masculinity through linkages with sports and the strategies of alcohol marketers. [vii, viii]

Highlighted by recent policy changes, underage drinking is of particular concern; early onset of regular drinking is associated with problematic drinking in later years.[ix] However, heavy drinking is an adult behaviour. Research on rural drink-driving, boating fatalities, family violence[x] and much alcohol related morbidity, mortality and alcoholism[xi] also shows patterns of alcohol related harm among adult age groups. Alcohol related harm is therefore an issue for the whole of society, to be address through a range of policies and health promotion strategies.

The Public Health Association affirms the following principles in relation to alcohol:

- The Treaty of Waitangi offers a framework for developing policy and community based projects directed to minimising alcohol related harm. This framework is informed by, and moves beyond, the Ottawa Charter. [xii, xiii, xiv]
- Policies and strategies to reduce alcohol related harm should be informed by research and evaluation.[xv]
- Reducing alcohol related harm should be given priority in alcohol policy and in health promotion, as part of an integrated set of policy approaches. [xvi, xvii, xviii]
- The social and physical contexts in which drinking occurs help shape individual choices about consumption levels and consequent risk or harm. This is particularly relevant to drinking by young people. [xix, xx, xxi]
- Government policy, including regulation, sets the framework for social and physical environments, and for public perceptions about the importance of alcohol related harm. [xxii, xxiii, xxiv] It is therefore vital that policy setters such as the Ministry of Justice, Ministry of Health and future District Health Boards have high capability to address alcohol issues from a public health perspective.
- Policy to reduce alcohol related harm needs to incorporate a range of strategies, with policy coherence across government departments and areas of responsibility. [xxv, xxvi, xxvii]
- Alcohol health promotion can be most effective when based in local communities, with a cross-sectoral approach involving all local agencies, stakeholders and community organisations. However,

local level initiatives require support from national level policies and law enforcement.[xxviii xxix xxx xxxi xxxii xxxiii]

- Media and other forms of advocacy play a valuable role in health promotion by balancing public presentations of alcohol and alcohol issues. [xxxiv]

The Public Health Association believes the following steps should be taken:

- That government support be given to proposed legislation to require a range of health warning labels on alcohol containers, as research shows this can be effective in reaching target audiences. [xxxv]
- That government support be given to proposed legislation to prohibit alcohol brand advertisements on television and the sponsorship of sports and other television programmes by alcohol producers or retailers. [xxxvi xxxvii xxxviii]
- That the indexing of excise tax levels against inflation and the levy on alcohol which funds ALAC's health promotion work be continued. Both these measures contribute to the price of alcohol (without disrupting competition). Price is a key factor influencing drinking levels, particularly among young and heavy drinkers. [xxxix xl xli xlii]
- That relevant agencies work together to encourage and develop alternative, non-alcohol sponsorship sources for sports clubs and sporting codes (cf. tobacco policies).
- That an ultimate goal of 'sport as an alcohol free zone' be considered, encouraging sports clubs to provide child- and family-friendly venues for leisure and exercise. [xliii xliv xlv xlvi xlvii]
- That additional resources be provided to ensure public health officers play a full part in monitoring and educating licensees and their staff in on- and off- and club licensed premises, as part of local teams of statutory officers under the Sale of Liquor Act. This is particularly necessary given the increased number and trading days of alcohol outlets and increased numbers of young people now of legal purchasing age, to encourage improved age verification and other responsible host practices.
- That the Sale of Liquor Act be strengthened with a provision that licensees, managers and staff be required to ask for evidence of age documents, so that this practice is legally enforceable. [xlviii]
- That local community action projects be funded to monitor drinking age verification and to develop local initiatives in relation to young people, safer socialising and alcohol and other drug related harm.
- That health promotion initiatives be funded to raise awareness of the risks of alcohol in relation to pregnancy and foetal alcohol syndrome. [xlix l li]
- That health promotion initiatives raise awareness of the role alcohol plays in unsafe and unwanted sex, violence against women, and family violence.
- That the maximum Blood Alcohol Content (BAC) for drivers be reduced to 0.05 ml/100ml, supported by increased resourcing of Random Compulsory Breath Tests and other anti-drink-drive strategies.
- That a maximum BAC of 0.05 to adopted for boat operators and to passengers on the water, with appropriate support strategies in promotion and enforcement. [lii]
- That health promotion initiatives with Maori drinkers, particularly the young, be based in, and specifically designed for and by, local organisations of those communities, allowing them to define 'the problem' and to develop culturally viable strategies in Maori settings. [liii liv]
- That health promotion initiatives with young Pacific Islands drinkers be similarly based in, and specifically designed for and by, the community organisations of Pacific Island peoples.

- That more treatment services, appropriate to age and gender and culture, be provided for young people, for under-serviced rural and other geographic communities, for those in the criminal justice system, and to meet the specific needs of Maori and Pacific Islands communities, including issues of autonomy and culture. [lv]

- That independent advocacy organisations be funded as a way of supporting community voices in policy forums.
- That health workforce development planning provide for the future staffing requirements of these treatment and health promotion strategies.
- That research be funded to ensure that findings on patterns of drinking, compliance practices, and alcohol health promotion strategies are available to inform future policy decisions.

The Public Health Association resolves to undertake the following actions:

- To promote these strategies with policy makers and programme funders.
- To lobby for legislation changes and resourcing of enforcement as required by the strategies.
- To disseminate research and other background information on these issues.
- To raise the profile of alcohol issues and of these health promotion strategies in public debates, through the media and in other forums.
- To encourage all PHA members to give consideration to the role alcohol may play in the many area of health and health promotion in which they work; in particular prioritising issues around young people and alcohol.

Review:

It is suggested that the above policy will be relevant until July 2003, to be reviewed at that date. This period will allow time for monitoring the impact of last year's Sale of Liquor Act changes, possible progress towards legislation on alcohol container labeling and television advertising, and a general assessment of policy approaches under a new government.

Adopted at the 2000 Annual General Meeting of the Public Health Association of New Zealand

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