

MEMORANDUM TO THE BOARD

AGENDA ITEM

Waikato District Health Board: Alcohol related harm position statement

Date: February 2014

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Introduction

The following is a position statement on alcohol related harm prepared by Population Health, Waikato District Health Board (DHB).

The Waikato District Health Board's position

The Waikato DHB recognises alcohol consumption as a significant risk factor in a wide range of adverse health conditions. Alcohol has the potential to harm individuals acutely by means of intoxication, alcohol poisoning or accidental harm while drunk, and chronically by means of long term damage to organ systems. Alcohol related harm also can often affect those who are not even consumers, but third parties affected by drinking decisions of others. The burden of alcohol on the Waikato Hospital Emergency Department presentations is substantial.

The purpose of New Zealand's Sale and Supply of Alcohol Act 2012 is to minimize the harm created by excessive or inappropriate alcohol consumption¹. Waikato DHB supports measures in the Act aimed at minimizing harm and advocates for further measures to reduce alcohol related harm further.

Waikato DHB recognises the need to reduce the accessibility and availability of alcohol² and thus Waikato DHB supports the following measures:

- reduce trading hours and density of alcohol retailers
- increase the price of alcohol
- increase the purchase age of alcohol to 20 years.

Waikato DHB supports other measures that contribute to a reduction in alcohol related harm:

- reduce or restrict alcohol marketing
- reduction of the blood alcohol limit whilst driving to 50mg/L.

Waikato DHB will utilise resources to help contribute to the purpose of the Sale and Supply of Alcohol Act. This will be achieved through the following actions:

- work with Territorial Authorities in the development and implementation of Local Alcohol Policies and other licensing issues
- continue to provide policy and planning advice on issues of alcohol related harm, using the most current evidence and research
- continue to provide health promotion programs with a focus on addressing and reducing alcohol related harm in the Waikato DHB
- provide treatment services for those suffering from the effects of alcohol related harm

- continue monitoring of licences within the district and provide assistance with regulatory issues, as required.

The Waikato DHB is committed to working with other agencies to reduce alcohol related harm. Waikato DHB will make all efforts to provide regional information on alcohol related harm to inform policy in the region.

Background information: Alcohol consumption and associated harm

Alcohol is the most commonly used drug in New Zealand, with over 80% of the adult population drinking at least occasionally³. New Zealanders spend an estimated \$85 million a week on alcohol³. However, a significant number of New Zealanders consume alcohol at an excessive rate. National drinking surveys show that around a quarter of drinkers consume in excess – or at least seven standard drinks per drinking session⁴.

In New Zealand about 1,000 people die each year secondary to alcohol use⁵. Over half of alcohol related deaths involve injury, a quarter is due to cancer and the final quarter is related to other chronic disease. The link between alcohol and health is dependant both on the volume of alcoholic units consumed and the pattern of consumption, with binge drinking being particularly dangerous⁶.

The adverse health outcomes resulting from alcohol use are not distributed equally amongst the population. The New Zealand health survey states that almost 40% of Māori and Pacific people drink hazardously, compared with 20% of European/Other people and 10% of Asian people⁷.

Alcohol related harm is of particular concern for young people. Youth drinking is a problem in New Zealand with over 70% of secondary school students having drunk alcohol, and 46% of student drinkers consuming over five units the last time they drank⁸. Groups most likely to drink heavily are males aged 18 to 24 years and Māori males aged 18 to 30 years⁹. Young people drink less frequently than older drinkers, but at a higher volume⁷. Acute alcohol related hospital admissions in the Waikato DHB region are predominantly from people in this younger age group.

References

¹ Sale and Supply of Alcohol Act 2012, s 4.

² Thomas Babor et.al, 2nd ed (2010), Alcohol: No ordinary Commodity, research and public policy. New York, Oxford university Press

³ Law Commission (2010), Alcohol in Our Lives: curbing the Harm. Wellington: Law Commission.

⁴ Ministry of Health. (2009). Alcohol Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey. Wellington: Ministry of Health

⁵ Public Health Association (2010). 2010 Submission on the Alcohol Reform Bill. Accessed 5/7/2012 from <http://www.pha.org.nz/submissions/submissionAlcoholReformBill110218.pdf>

⁶ World Health Organisation (2004) global status report on alcohol 2004. WHO dept of mental health and substance abuse, Geneva

⁷ Ministry of Health (2008). A Portrait of Health. Key Results of the 2006/2007 New Zealand Health Survey. Wellington: Ministry of Health.

⁸ ALAC (2012) Alcohol and your body. Accessed 7/7/12 from <http://www.alac.org.nz/alcohol-you/your-body-alcohol/body-effects>

⁹ Public Health Association of New Zealand. (2000). Public Health Association policy on alcohol. Retrieved 8 June,2009, from the 'Public Health Association' website: <http://www.pha.org.nz/keydocs.html>