16 February 2011

Secretariat
Justice and Electoral Committee
Select Committee Office
Parliament Buildings
WELLINGTON 6011

Submission from the Counties Manukau District Health Board
on the Alcohol Reform Bill

1. Thank you for the opportunity to provide a submission on the Alcohol Reform Bill.

2. This submission has been prepared by
   Doone Winnard, Public Health Physician and Advisor Healthy Lifestyles
   Tracey Barron, Group Manager Healthy Lifestyles
   Fiona Trevelyan, Programme Manager Mental Health and Addictions
   Manu Sione, General Manager Pacific Health
   Bernard Te Paa, General Manager Maaori Health.

   The contact person for this submission is:
   Name: Doone Winnard
   Postal address: Private Bag 94052, Manukau City, Auckland 2241
   Ph: 09 262 9500
   Email: Doone.Winnard@middlemore.co.nz

3. CMDHB understands that all submissions are subject to the Standing Orders of the
   House of Representatives and may be made available to the public.

4. We do not wish be heard at any submissions hearing.
Summary

Counties Manukau District Health Board (CMDHB) recognises that many people in Aotearoa New Zealand use alcohol sensibly and appropriately. However, the consequences of hazardous alcohol consumption are borne by the whānau, families and friends of those involved, along with considerable demands on the social sectors, in particular justice, police and health. In particular, Counties Manukau has high proportions of the population groups who experience a disproportionate burden of alcohol-related harm — young people, Māori and Pacific peoples.

As one of the sectors impacted by the harmful use of alcohol, as further outlined in our submission, we recognise that the economic impacts of the harmful use of alcohol are both direct (e.g., the cost of hospital treatment for alcohol-related injuries and illness and the opportunity cost of that resource) and indirect (e.g., work absenteeism and presenteeism related to alcohol misuse).

CMDHB has a commitment to work in partnership with the communities it serves in order to improve their health outcomes, and our communities have demonstrated their concern about the impact of alcohol on their lives and their desire to have more control about the availability of alcohol and the proliferation of alcohol outlets in their neighbourhoods.

CMDHB considers that the current legislative reform provides an opportunity to improve the quality of regulation for alcohol. It is important that the most proven cost-effective interventions to reduce harm are included in the legislative reform to help ensure its success.

The evidence on alcohol-related harm and the effectiveness of minimisation interventions has been extensively reviewed by the Law Commission and internationally by the World Health Organization, in preparing the Global Strategy to Reduce the Harmful Use of Alcohol (2010). It is clear that pricing, availability and marketing of alcohol significantly influence alcohol-related harm.

CMDHB therefore

- would support the establishment of a minimum price for alcohol and implementation of the Law Commission’s recommendation to increase the excise tax on alcohol
- supports a legislative approach, as recommended by the Law Commission, to restrict the advertising and promotion of alcohol, including alcohol-related sponsorship
- supports increasing the alcohol purchasing age as part of a coherent package of measures which include appropriate enforcement and other measures to reduce availability and restrict promotion of alcohol
- would strongly support legislation to reduce the alcohol level when in charge of a vehicle from 80mg to 50mg/100 mls of blood for adult drivers and reduction of the level to zero for drivers under 20 years and those on restricted licences
- supports the provision to restrict the types of premises which may be granted an off-licence
- supports the provision which requires the licensing authority or licensing committee to have regards to the impact of the licensed premises on public amenity
- strongly supports the inclusion of local alcohol plans in legislation to increase communities’ ability to provide input in licensing decisions in their neighbourhoods but recommends these should be mandatory rather than voluntary and should not be able to extend trading hours beyond national standards.

1 Double vowels are used rather than macrons where appropriate in Te Reo words in this submission in keeping with the Tainui convention, as Tainui are Mana Whenua for the Counties Manukau district
Detailed Comments

The misuse of alcohol impacts on the quality and duration of life; this is well documented. As a District Health Board our staff are confronted with the consequences of the misuse of alcohol and the impact it has on the health and social outcomes of the communities we serve. We also see the effects of alcohol misuse impacting across generations and affecting the ability for positive role modelling.

1. Context

Counties Manukau, as defined for the District Health Board, is home to approximately 500,000 people, with a high proportion of Maaori, Pacific and Asian residents. The population is also young, with 25% aged under 15 years. About one third of the Counties Manukau population lives in areas which are described as socio-economically ‘very deprived’.

Counties Manukau has the highest number of people living in the most deprived social circumstances of any district health board in New Zealand, along with the largest Maaori and Pacific populations of any district health board. Health disparities are significant in Counties Manukau, with Maaori and Pacific people, and those who are socio-economically deprived, experiencing worse health outcomes than others in the district.

2. Health effects in our communities

(a) Alcohol related injuries and conditions represent a significant workload for our hospital services. In the 2010 calendar year there were 1900 discharges from our Middlemore and KidzFirst Hospitals with alcohol related conditions. 40% of these people had been admitted to hospital; the balance were treated and discharged from our Emergency Departments. 77% of these people were over the age of 25 years. The consequences of alcohol misuse impact on all ages and are not limited to the young.

(b) In our region Alcohol and Other Drug addiction services are provided regionally. CMDHB spends nearly $11 million annually on these services for our population alone, to assist people to achieve and sustain recovery from alcohol and other drug addictions. We acknowledge that even this level of investment does not meet the service need in our community.

(c) Along with alcohol addiction and impacts on injury and violence, alcohol consumption increases the risk of several cancers, including liver, breast, bowel, and upper digestive tract (mouth, throat, larynx and oesophagus). The more alcohol consumed, the greater the risk of cancer.

Cancer is one of the leading causes of death, responsible for 30% of all deaths nationwide. There are approximately 1500 new cancer registrations and 630 deaths due to cancer each year for people living in Counties Manukau and the death rate from cancer for Maaori is double, and for Pacific is 1.7 times, the rate for European/Other (non-Maaori/non-Pacific/non-Asian) groups. Alcohol, along with tobacco use and obesity, contributes to the overall cancer rates and the inequalities.

(d) Alcohol consumption during pregnancy can be harmful, resulting in increased risk of physical and mental health damage to the baby (Fetal Alcohol Syndrome). At present we are unable to quantify the impact of Fetal Alcohol Syndrome but the effect of alcohol in pregnancy is of concern to Counties Manukau as we have the highest number of births of all the DHBs nationally.

In addition New Zealand research has documented use of alcohol as a common reason for non-use of contraception leading to unwanted pregnancy.

---

(e) Excess drinking has also been implicated in high rates of sexually transmitted infections such as chlamydia both in New Zealand and internationally and the Youth07 survey of New Zealand secondary school students found that one in seven current drinkers reported unprotected sex as a problem from their drinking; unwanted sex was also a significant concern.

(f) CMDHB has invested significantly in providing secondary school based health services and programmes, which include addressing sexual health issues and alcohol and other drug use. Notably in the Youth07 survey parents and friends were the most common source of alcohol, again reinforcing that alcohol is a community/society issue, not a just youth issue.

(g) It is inherently difficult to predetermine a “safe level” of alcohol consumption because factors such as a person’s health, age, weight and gender impact on their ability to metabolise alcohol. However, using the standard definition of hazardous drinking (as per the New Zealand Health Survey)

- 13% of adults in Counties Manukau drink alcohol in a way that puts their physical or mental health at risk.
- Men have more than twice the rate of hazardous drinking compared to women
  - 19% of men drink in a way that puts their health at risk
  - 8% of women drink in a way that puts their health at risk.

This means an estimated 49,000 adults in Counties Manukau report drinking in a way which puts their physical or mental health at risk; 34,300 of these are men.

3. Social harms in our communities

A 2010 report on the impact of liquor outlets in Manukau City, commissioned by the Alcohol Liquor Advisory Council of New Zealand and Manukau City Council, noted that the research on alcohol related harm was context specific but documented an association in Manukau City between liquor outlet density and a range of indicators of social harm (e.g. anti-social behaviour, property abuse, sexual offences, violent offences).

That report also found that off-licence outlets tend to locate in areas of higher social deprivation and population density. This patterning is likely to be contributing to the health and social inequalities experienced by our communities.

The message that such ready access to alcohol gives about the normalisation of alcohol use is also of concern to our communities.

4. The voice of our communities

Counties Manukau has a commitment to work in partnership with the communities it serves to improve their health outcomes. Both young people and adults in our community have expressed their concern about access to alcohol in our community. Many in our communities are both mobilised and engaged around the issue of alcohol.

---


In 2006 young people from Clendon and Mangere, largely Māori and Pacific secondary school students, participated in a photovoice project7. The images below from their powerpoint report capture their concern about the number of liquor stores in their communities.

In 2008 information was gathered from our community for the research into the impact of liquor outlets in Manukau City.\(^8\)

Concern was expressed by the community respondents about the impact of alcohol on families and youth, particularly in relation to the incidence of family violence, worsening of economic deprivation, and the impact on social structures among vulnerable groups.

The immediate impact of alcohol misuse tended to take precedent in the communities’ concerns over other longer term health impacts of alcohol. Respondents identified the need to include measures to address the number of liquor outlets, their hours of operation and planning measures to influence the location and density of liquor outlets.

The map below shows the location of alcohol outlets in our district. The large number of outlets in the Manukau City area that our communities voiced concern about is apparent.

---

5. Alcohol and sport

Recently concern has been expressed by our staff working with sports clubs (as part of wider work to support community health and well-being) about the degree of overt alcohol sponsorship in many clubs; for example scoreboards for junior teams clearly labelled with a liquor company brand name and colour.

SPARC initiated research has acknowledged that the relationship between alcohol and some sports is ‘strong and complex’ and there is increasing concern about the role of alcohol sponsorship in sport in influencing the drinking culture in New Zealand (e.g. presentations at the Alcohol and Sport Conference in Auckland in February 2011).

6. Alcohol Reform as part of our Healthy Cities agenda

Prior to the amalgamation of the local governments of Auckland into Auckland City, Manukau City was actively engaged in the World Health Organization’s Healthy Cities movement. Being a healthy city is not only about minimizing adverse health factors such as pollution or social problems. **It is about actively creating conditions that promote safety and wellbeing of people in the city.** The ability to influence the location and density of liquor outlets would be an important aspect of this responsibility. As a DHB we are engaged with the Auckland Council process of consultation for the Auckland Spatial Plan and have

---

3 PS Services (2010) Alcohol and sport. What is the nature of the relationship and is there a problem? A scoping study for SPARC Ihi Aotearoa. SPARC
highlighted the opportunity for the Council to contribute to minimising the harm caused by misuse of alcohol.

**Recommendations**

The evidence on alcohol-related harm and the effectiveness of minimisation interventions has been extensively reviewed by the Law Commission and internationally by the World Health Organization, in preparing the Global Strategy to Reduce the Harmful Use of Alcohol (2010). It is clear that **pricing, availability and marketing of alcohol** significantly influence alcohol related harm.

CMHDB therefore

- would support the establishment of a minimum price for alcohol and implementation of the Law Commission’s recommendation to increase the excise tax on alcohol
- supports a legislative approach, as recommended by the Law Commission, to restrict the advertising and promotion of alcohol, including alcohol related sponsorship
- supports increasing the alcohol purchasing age as part of a coherent package of measures which include appropriate enforcement and other measures to reduce availability and restrict promotion of alcohol
- would strongly support legislation to reduce the alcohol level when in charge of a vehicle from 80mg to 50mg / 100 mls of blood for adult drivers and reduction of the level to zero for drivers under 20 years and those on restricted licences
- supports the provision to restrict the types of premises which may be granted an off-licence
- supports the provision which requires the licensing authority or licensing committee to have regards to the impact of the licensed premises on public amenity
- strongly supports the inclusion of local alcohol plans in legislation to increase communities’ ability to provide input in licensing decisions in their neighbourhoods but recommends these should be mandatory rather than voluntary and should not be able to extend trading hours beyond national standards.