

**Feedback from Alcohol Healthwatch Regional Alcohol Forum workshops  
On the Draft National Alcohol Action Plan  
15<sup>th</sup> October 2008**

**Sectors/Agencies represented:**

The Forum was attended by over 60 people representing the following sectors: Public Health, District Health Boards, Local Councils, Community Action on Youth and Drugs (CAYAD), Alcohol and other Drug Treatment Services, Fetal Alcohol Network New Zealand (FANNZ), Maori health service providers, Mental Health, Injury Prevention, Water Safety, NZ Police, Schools, Otara Action Group, Community Trusts, Pacific health providers, Pacific Advisory, Research/Evaluation, Liquor Licensing, Barnardos, SADD, Salvation Army, Youth health, Youth Workers, ACC, HNZC, GALA, WCTU, Problem Gambling, Refugee services, Road safety, Ministry of Health, Ministry of Education.

**How effective are current policies and strategies at reducing alcohol-related harm?**

This was measured by participants placing themselves on a 0 – 10 continuum (around the room).

The range 0 – 6. The majority of people centred on 3.

**Open Forum - Expectations of a National Alcohol Action Plan**

***What issues would it address?***

- Street drinking
- Outlet density
- Supply to minors
- Purchase age
- Adequate enforcement
- Information availability
- Monopoly retailers
- Sport and alcohol
- Parental role-modelling
- supervision of young people
- Why people are drinking
- Injuries incl. water-based, home-based
- Alcohol marketing
- Family violence
- Workplace drinking norms

***Who would be involved? Engagement, leadership, support***

- Community partnership
- Engagement with Maori and minority groups
- Support from Parliament – less industry power
- Engagement with youth
- Engagement with primary care sector
- Champions at a national, regional and local level

***Where will it take us? Expected outcomes***

- Change in public perception of drinking culture
- Raising of drinking age
- Limitation of industry influence
- Licences hard to get, easy to lose
- Improved access to services
- More community say over licensing issues
- Improved collection of data

### ***How will it work? Implementation Mechanisms***

- Funding
- Education
- Enforcement of current legislation
- Strengthened data sources and information
- Collaboration and cooperation including Maori
- Leadership
- Community ownership and
- Community decision-making power
- Specific, focused priorities
- Culturally appropriate interventions
- Evidence-based interventions
- Sit within a strategic policy framework
- Holistic approach
- Champions at a national, regional and local level

### **Workshop 1 – NAAP Goals and Actions**

How well do the goals address your expectations?

Rating out of 10

How effective will the actions be at achieving the goals?

Rating out of 10

### **NAAP Goal 1: Individuals and families and whanau**

**Empower and support individuals and families and whanau to manage alcohol in their lives and receive help when they need it**

#### General comments:

The goal and subsequent actions suggests an underlying misunderstanding of the issues and how to address them.

The wording needs work. The phrase, 'manage alcohol issues' is not empowering to families/whanau.

Parents need to address their own issues. The older generation wants to discourage alcohol abuse but aren't changing their own norms around drinking in the presence of children.

#### Addressing issues:

- Start with family making 'responsible choices'.
- They have to **want** to change
- Find the champion in the community
- Support for parents from community – churches, schools, marae, youth centres, anamata (ALAC national youth group)
- Shift the blame mentality – away from the individual to recognize genetic predisposition, whakapapa of alcohol abuse, and the social environment.
- Information provision of quantities and effects, as well as individual variation
- Provide positive alternatives to drinking
- Actions need to start at the grassroots level – individuals, family, whanau and community not imposed from the top down.

*How well do the goals address your expectations?*

*Overall rating 3/10*

*How effective will the actions be at achieving the goals?*  
*Overall rating 5/10*

## **NAAP Goal 2: Community and environment**

**Promote and support the development of effective community-based initiatives designed to reduce alcohol-related harm, which are tailored to local conditions**

### General comments:

Need to acknowledge community: bottom up approach

Opportunity to engage and work collaboratively with councils and other agencies

**2.1 Promote and support the development of effective community-based initiatives designed to reduce alcohol-related harm, which are tailored to local conditions**

### Notes:

- Need to acknowledge Pacific, youth and migrants
- Some actions are too broad e.g. 2.1.5
- No local focus
- Need district/regional/TLA plan links/development
- Need community and ethnic group consultation e.g. explicitly expressed Maori partnership
- Financial resourcing for these actions needs to be provided
- Assessment of needs
- 'Community' is not listed in other interested agencies for most of the action points
- Lack of communication of information/research/impacts with the public

**2.2 Strengthen monitoring and enforcement to promote safety in environments in which alcohol is used**

### Notes

- Social, host, community responsibility
- Realistic resourcing
- Information and intelligence-based enforcement
- Need to increase community involvement and partnership
- Change licenses to 'hard to get, easy to lose'.
- Need increased community reporting and action
- Consequences of infringement are too weak
- Rigorous monitoring/enforcement needed assisted with increased resources

**2.3 Increase capacity for communities to address community-specific alcohol issues and respond to concerns at a local level**

### Notes:

- Matching local issues to national plans and priorities
- Local autonomy

Issues:

- Community missing from lead and support agencies
- Need *community* to drive local issues

*How well do the goals address your expectations?*

*Overall rating 4.5/10 (range 3/10 – 6/10)*

*How effective will the actions be at achieving the goals?*

*Overall rating 3/10 (range 1/10 – 5/10)*

### **NAAP Goal 3: Workforce and skills**

**Maintain and develop capacity and supportive networks for an effective workforce that contributes to reducing alcohol-related harm**

**3.1 Build capacity and capability of the workforce to ensure that it is appropriately skilled and resourced to address alcohol-related harm**

General comments:

Non-specialists need to be involved e.g. Teachers, police, youth, Council, consumers and other trainers

Non-specialist organizations also: WINZ, Pacific churches, CYFS, community NGOs.

- Much stronger emphasis on intersectoral, integrated strategies, integrated with:
  - NZ Injury Prevention strategy
  - Primary Health strategy
  - Violence Prevention strategy
- Need social impact assessments to inform action plan and evaluate its effectiveness
- Need for regional representation in IACD.

**3.2 Support and encourage the dissemination of information, sharing best-practice and innovation across and between the workforces dealing with alcohol-related harm.**

- Need **more** partnerships at a regional and local level.
- Need culturally-specific workforce training for communities to work with at-risk populations- Maori, Pacific, Asian, youth.

*How well do the goals address your expectations?*

*Overall rating 8/10*

*How effective will the actions be at achieving the goals?*

*Overall rating 2.5/10 (range 2/10 – 3/10)*

### **NAAP Goal 4: National frameworks**

**Ensure legislative and regulatory environments are responsive and address the harms caused by alcohol misuse**

#### **4.1 Ensuring alcohol-related legislation and regulation are appropriate and effective in reducing alcohol-related harm in light of new evidence and changing public expectations**

- The Sale and Supply of Liquor and Liquor Enforcement Bill should be enacted but the proposal from the Review of Liquor Advertising is lacking because of the inadequacy of the review
- The loopholes in the drink-driving legislation need to be closed and recidivist drink driving addressed.
- Instead of evaluating the effect of lowering the BAC, lower it first, and evaluation can follow.
- Happy to see a review of the 1966 Alcoholism and Drug Addiction Act because it is outdated and does not represent the current situation
- We have done enough reviewing of the excise tax. The evidence is obvious. Let's implement a higher excise tax regime.

#### **4.2 Communicate with the public and provide information about alcohol legislation and regulations**

- Sorely lacking!!!

*How well do the goals address your expectations?*

*Overall rating 5/10 (range 4/10 – 6/10)*

*How effective will the actions be at achieving the goals?*

*Overall rating 6/10*

#### **Goal 5: Research, information and communication**

##### **Improve the collection and communication of data, information and research on alcohol consumption and alcohol-related harm**

###### **5.1 Collect and analyse data on alcohol consumption, trends and harm**

- Need key indicators to be systematically collected and readily available and a national standardized data system as recommended by Holder (2003) to ALAC
- We don't have data collection and recorded evidence of **treatment** effectiveness in NZ
- Need **communication** between agencies and sharing of information
- Need trend data available from NZ Health Behaviours Survey: Alcohol Use
- Dissemination of data needs to be **timely** to maximize its utility
- NAAP itself needs to be monitored and evaluated
- Need culture-specific research in order to provide appropriate responses
- Actions need to serve research and provision of services along the spectrum

*How well do the goals address your expectations?*

*Overall rating 4/10*

*How effective will the actions be at achieving the goals?*

*Overall rating 3.5/10 (range 3/10 – 4/10)*

## **Workshop 2 NAAP Key Actions**

How well do these actions respond to your expectations?

Rating out of 10

How effective do you think these actions will be at achieving a) recognizing potential and reducing inequalities and b) changing social norms, cultures and environments?

Rating out of 10

### **General comments**

- Many read more like statements of intent than key actions.
- Words such as 'develop' and 'introduce' don't denote action. If we are going to have any real movement towards resolving the issues identified at the beginning of the forum, we need to move from developing and researching to implementing what is already known to be effective
- These key actions focus on legislation and policy. Those involved in implementing them need to ensure that they do not undermine or go against community actions. Instead, policy and legislation needs to *support* community action.
- The effectiveness of these actions for reducing inequalities depends on the mindset taken to implementation. They need to have a strategic approach, engage with the risk group, and be targeted in order to be effective.
- Individuals are bound to make assumptions and read implications into these actions. There needs to be explicit statements made in relation to the intention of each point: who and what should be targeted, and the expected outcomes.

### **Comments on Key Actions**

**1. Introduce initiatives to address the social and parental supply of alcohol to minors that will complement legislative change, including consideration of a national campaign.**

- Need specific actions
- Need multiple actions with consistency from a local through to a national level
- Ability to change social norms will depend on the initiatives, as social change takes time.

**2. Develop and implement an action plan to address fetal alcohol spectrum disorder (FASD) and prenatal exposure to illegal and other drugs.**

- Good but effectiveness depends on: who is doing the strategy development, what the final strategy looks like, and its implementation
- does not explain how health professionals or community will be involved

**3. Develop a strategy to reduce drug and alcohol use by offenders for the period 2009–2014.**

- The scope of the strategy is limited because it only targets offenders who are caught.
- Time-frame needs to be more defined

- We need to see action.

**4. Implement recommendations of the Office of the Auditor-General (2007), including protocols such as:**

- Recording different roles and common goals, and pooling resources
- Review the Public Health Unit Manual for information sharing approaches to processing applications.

- Unclear what this means

**5. Research and implement actions to address the link between alcohol and sport.**

- Importance confirmed and considered a strong action to protect youth.
- Needs clarification – what actions?

**6. Increase primary care and other community health workers' early identification of and response to alcohol-related problems, including utilisation of brief interventions. Use appropriate screening tools for early and brief intervention (including population-specific tools).**

- Good.

**7. Enact the Sale and Supply of Liquor and Liquor Enforcement Bill, including proposals from the Review of the Sale and Supply of Liquor to Minors and the Review of the Regulation of Alcohol Advertising.**

- Need community voice, social impact assessment, parental responsibility
- Hope that it will reduce inequalities because as it stands, it increased inequalities

**8. Evaluate the effect of lowering the blood alcohol content levels at which it is legal to drive, particularly for young drivers and commercial drivers using the international literature and lead a public discussion on the approach that should be adopted in New Zealand utilising this evidence.**

- Do it rather than evaluate it: you can't evaluate something that hasn't been done.

**9. Conduct a comprehensive review of the regulatory framework for the sale and supply of liquor.**

- Needs to be comprehensive.
- Has massive potential.

**10. Review the alcohol excise regime to ensure it aligns with the goal of reducing alcohol-related harm.**

- Implement rather than review the proven changes.

**11. Develop and implement actions to improve area-level information on alcohol. For example:**

- **District Health Board-level alcohol indicators.**
- **Accident and emergency department data.**
- A good justification for funding decisions

## **12. Research the cost of alcohol and other drug-related harm.**

- Can't happen without action point 11

## **13. Develop and launch an online evidence base for alcohol (ie, a clearinghouse of evidence at national and district levels).**

- A good way to drive, monitor and evaluate change

### **Workshop 2 Ratings**

How well do these actions respond to your expectations?

Rating 3.5/10 (range 2/10 – 6/10)

How effective do you think these actions will be at a) recognizing potential and reducing inequalities?

Rating 3.25/10 (range 0/10 – 6.5)

How effective do you think these actions will be at b) changing social norms, cultures and environments?

Rating 3/10 (range 2/10 – 4.5/10)

### **Recommendations from the FORUM**

In making the following recommendations Forum delegates wish to acknowledge the work done in developing and drafting the National Alcohol Action Plan.

It is recommended that:

- Treaty of Waitangi Principles be made explicit in the NAAP/Goals
- Measurable outcomes/objectives (SMART) are included in the NAAP – particularly in relation to the risks and harms that are being reduced.
- Effective policies are actually implemented as per existing evidence-base (as opposed to being further considered/reviewed/investigated)
- The NAAP demonstrates greater engagement/involvement with community (community groups and NGOs)
- The NAAP provides clear and specific mechanisms for community leadership and partnership
- A Maori Taskforce is established with the mandate to inform and influence the further development of the NAAP and monitor its impact/effectiveness for Maori.
- A Pacific Taskforce is established with the mandate to inform and influence the further development of the NAAP and monitor its impact/effectiveness for Pacific peoples
- Actions are included that ensure that “real and relevant” information is shared with the public/community. (delivered in an “empowering” way rather than “telling”)
- The NAAP is more specific (“has teeth”)
  - Demonstrates accountability,

- Identifies partners/partnerships
- Takes tactical action – e.g. abolish alcohol advertising/replace with alternative messages/sponsorship, reduce the BAC and evaluate the effects
- Provides for community input into local liquor licensing – outlet density/location rather than leaving it to chance
- A more comprehensive strategy is developed to provide for and show the linkages between national, regional and local action/agencies and other strategies
- The NAAP more clearly reflects/demonstrates intersectoral collaboration
- The NAAP to more clearly reflects/demonstrates the mechanisms that will contribute to sustainability
- The NAAP is strengthened so that New Zealand is recognized as an international leader on addressing alcohol-related harm.

Suggested addition to cover the “reducing inequalities” aspects of the discussion.

- The NAAP makes clear how it will reduce inequalities (demonstrate the link between the actions and the “themes”).