

ALCOHOL HARM

Introduction

The following is a position statement on alcohol harm prepared by the Public Health Unit for the Waikato District Health board (DHB).

This position statement is intended to provide a high-level policy position for our organisation and guide local response across our DHB catchment and broader as required.

The Waikato District Health Board's position

The Waikato DHB recognises alcohol consumption as a significant risk factor in a wide range of adverse 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 affect those who are not even consumers but third parties, affected by the 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 minimise harm created by excessive or inappropriate alcohol consumption.[1] Waikato DHB supports measures in the Act aimed at minimising harm and advocates for further measures to reduce alcohol related harm further.

Waikato DHB recognises the need to reduce the accessibility and availability of alcohol[2] 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 such as reducing or restricting alcohol marketing, and sponsorship including social media.[2]

Waikato DHB will utilise resources to help contribute to the purpose of the Sale and Supply of Alcohol Act 2012. 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

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- Continue monitoring of licences within the district and provide assistance with regulatory issues as required.
- Supports the continuation of the making of submissions to all levels of government and organisations as appropriate to ensure all opportunities to minimise alcohol related harm are optimised.

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.

Health links and the wider environment

Wellbeing is a dynamic process across the life-course. This is reflected in the Ministry of Health’s (2016) representation of health in the wider context (figure 1) which illustrates the various factors that contribute to health and the way in which health influences people’s lives.[3]

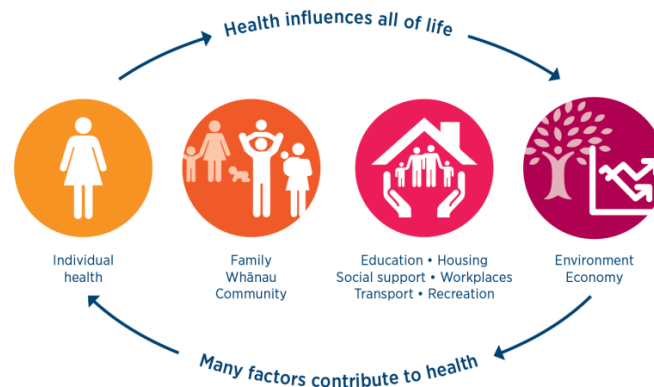


Figure 1: Health links with the wider environment

Radical improvement in Māori Health Outcomes by Eliminating Health Inequities for Māori

Health disparities are significant contributors to the burden of disease. A key strategic priority for the Waikato DHB is to achieve a radical improvement in Māori health outcomes by eliminating health inequities for Māori.[4] Waikato DHB position statements contribute to the DHB’s commitment to reducing health inequities to improve health and wellbeing for Māori.

Key information

Alcohol is the most commonly used drug in New Zealand, with over 80% of the adult population drinking at least occasionally. New Zealanders spend an estimated \$85 million a week on alcohol[5]. 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 session[6].

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In New Zealand about 1,000 people die each year secondary to alcohol use[7]. 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 dangerous[8].

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 people.

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 drank[9]. Groups most likely to drink heavily are males aged 18 to 24 years and Māori males aged 18 to 30 years[10]. Young people drink less frequently than older drinkers, but at a higher volume[9]. Acute alcohol related hospital admissions in the Waikato DHB region are predominantly from people in this younger age group.

References

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