

APPENDIX 2 - Submission Form for the Draft National Alcohol Action Plan

Making a submission

The purpose of the National Alcohol Action Plan is to find out what you think we should be doing to prevent and reduce alcohol-related harm in New Zealand. We would particularly welcome your comments on:

- where efforts should be focused in the next five years to make the biggest difference in reducing alcohol-related harm;
- whether the actions currently identified should have the highest priority; and
- What gaps you see in what is currently proposed and your ideas for addressing these gaps.

How to make a submission

We would like you to make a submission on this draft National Alcohol Action Plan.

This submission form focuses on Part 1 of the National Alcohol Action Plan. However, you are welcome to comment on anything you consider relevant to the development of the action plan, as well as the information provided in Part 2.

Where to send your submission

Send your completed submission to:

NDP@moh.govt.nz or

National Alcohol Action Plan Consultation Feedback
Ministry of Health
PO Box 5013
Attention: National Drug Policy Team

Deadline for submissions

The Ministry of Health must receive your submission by **5 pm Friday 7 November 2008**.

The questions in this form are designed to help you to focus your response and make it easier for us to analyse submissions. However, you don't have to answer every question and may add additional comments.

The form is also available from the National Drug Policy website (<http://www.ndp.govt.nz>).

If you answer any of the questions below, please give detailed reasons and explanations whenever you can. If there is insufficient space, attach extra pages.

Please note that you do not have to provide personal information if you would prefer not to.

Submissions close 5 pm, Friday 7 November 2008.

Send one copy of your submission to: NDP@moh.govt.nz

This submission was completed by:

Name: Eriata Peri / Andrew Lindsay

Address: Building 15, Level 3. Greenlane Clinical Centre, Auckland District Health Board

Email: EriataP@adhb.govt.nz

Organisation: Auckland Regional Public Health Service

Position: Maori Policy Analyst (Peri.E) / Medical Officer of Health (Lindsay. A)

You are making this submission:

- as an individual
- on behalf of a group or organisation
- other (please specify)

Please indicate which sector or sectors your submission represents:

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family/whānau |
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Māori |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Education | <input type="checkbox"/> Local government |
| <input checked="" type="checkbox"/> Provider | <input type="checkbox"/> Funder |
| <input type="checkbox"/> Non-government organisation | <input checked="" type="checkbox"/> Prevention/promotion |
| <input type="checkbox"/> Professional association | <input type="checkbox"/> District Health Board |
| <input checked="" type="checkbox"/> Other (please specify) Regional Public Health Unit | |

Please note that your submission and all correspondence you have with the Ministry of Health may be the subject of requests under the Official Information Act 1982. If there is any part of your submission or correspondence that you consider could properly be withheld under the Act, please include a comment to this effect along with the reasons why you want the information withheld. If you are writing this submission as an individual (rather than on behalf of an organisation), the Ministry of Health will omit your personal details from the submission if you include the following statement at the front of your submission and sign it:

- I do not give my permission for my personal details to be released to persons requesting my submission under the Official information Act 1982.

General questions

1. What is your interest in alcohol policy in New Zealand?

The purpose of the Auckland Regional Public Health Service (ARPHS) is to improve health and wellbeing through promotion, protection and prevention strategies. Alcohol is one of the service lines. Medical Officers of Health have a statutory role under the Sale of Liquor Act (SoLA) 1989 for host responsibility reports for renewal of on- license premises and club licenses.

ARPHS endeavours to work in a model of partnership, protection and participation with manawhenua and support manawhenua aspirations for health, well being and the reduction of inequalities in line with the principles of the Treaty of Waitangi. This requires involvement of manawhenua in planning, developing, implementing and evaluating the public and population health services in the Auckland region, to achieve Maori health gain and improve the well being of Aucklanders¹.

2. What do you consider are the issues a National Alcohol Action Plan should address?

ARPHS believes that the National Alcohol Action Plan (NAAP) should provide a co-ordinated and comprehensive approach in addressing alcohol-related harm. ARPHS also believes that the NAAP should state the key stakeholder which will provide general oversight of the implementation of NAAP while acknowledging the need for co-ordinated efforts across all sectors (including active involvement of community groups).

Some key issues in addressing alcohol related harm include,

- Advocate for the recognition and inclusion of Te Tiriti o Waitangi in the National Drug Policy by 2009.
- Reviewing the regulatory framework regarding the availability and promotion/advertising of alcohol, e.g. price, taxation, outlet, (number and location of), opening hours, minimum purchase age, and host responsibility practices, given the legislation SoLA was passed 20 years ago.
- A review of the current legislation with particular focus on enforcement.
- Provision to minors in the context of secondary supply, e.g. parental supply or social supply.
- Changing social norms, values and drinking culture to minimise alcohol related harm.
- Greater community engagement regarding policy development at a local level.
- Implementation of evidence based policy.

3. Would you use this National Alcohol Action Plan?

Yes No

Please provide reasons, and if yes, explain how

ARPHS would use the parts of the NAAP that relate to our core work and statutory role. Co-ordination of effort at a regional and district level as this would help ensure that the plan is implemented consistently.

¹ 2008 – 2012 Auckland Regional Public Health Service Strategic Plan

Part 1: Actions

4. Do you think the proposed vision of the National Alcohol Action Plan (page 3) is appropriate?

Yes No

Please provide reasons

ARPHS supports the intent of the NAAP to 'make real and enduring changes in the way New Zealanders consume alcohol to prevent and reduce alcohol related harm in New Zealand'². However, based on the principles of the Treaty of Waitangi, ARPHS recommends that the vision should aim to 'minimise alcohol related harm in Aotearoa/New Zealand'.

5. Do you agree with the long-term aim of the National Alcohol Action Plan as outlined on page 3?

Yes No

Comment:

ARPHS supports the mentioned aim and recommend the aim be amended to read 'To improve social, economic, environmental, health and wellbeing by reducing alcohol-related harms'. This reflects a holistic Maori world view. However, it will be important to be able to measure/demonstrate progress toward achieving this aim. In other words, targets and indicators will need to be set.

6. Do you agree with the proposed theme 'change social norms, cultures, and environments around alcohol' (as described on page 2)?

Yes No

Comment: ARPHS supports this theme. However, actions need to reflect this rationale at a strategic and operational level, and needs to incorporate a model of behaviour change that better suits the plan.

7. Do you agree with the proposed theme 'recognise potential and reduce inequalities' (as described on page 2)?

Yes No

Comment:

Yes, APRPHS agrees with reducing inequalities. However, it is not clear as to what is meant by "Recognise potential". If what is meant is to "Enable" then ARPHS supports this. 'Enable the realisation of Maori potential and aspirations by developing and implementing strategies and processes that will reduce alcohol-related harm inequities among Maori'.

Support kaupapa Maori initiatives to reducing alcohol and other drug related harm that empower Maori to implement guidelines for safer alcohol use in homes, Marae and sports clubs by:

1. Promote public discussion and debate on alcohol related issues
2. Provide access to high quality, research based information and education to agencies, community groups and the public about:

² Ministry of Health 2008, pg 1. National Alcohol Action Plan: Consultation Document.

- a. Reducing alcohol related harm through community action approaches.
 - b. Agencies that provide education, life skills and knowledge in relation to the use of alcohol and other action on alcohol.
3. Ensure co-ordinated workforce development initiatives are in place to develop skills in facilitating community action on alcohol.
 4. Advocating, encouraging, assisting, or making submissions, for development of changes to policies, legislation and district plans that will contribute to reduction of risk conditions and actions by those responsible.
8. Do you consider that separate action plans should be developed to address group-specific alcohol-related issues (i.e., for Maori, Pacific people, and young people)?
- Yes No

Comment:

Yes, ARPHS considers that separate sections or action area's relating to specific population groups be developed within the NAAP.

Recommend the National Alcohol Strategy and Action Plan include Maori specific priorities and actions that are developed and implemented "By Maori, for All".

9. Do you agree with the proposed action framework for the National Alcohol Action Plan as set out on page 3?
- Yes No

If no, what are your suggestions for improvement?

Figure 1 Frame work for Action is unclear, particularly around how the "Themes" relates to the vision, aim and goals.

ARPHS believes that specific actions need to be prioritised based on the potential benefits and the strength of evidence in reducing alcohol related harm. For example, there is evidence to suggest that legislative and regulatory actions are two of the most effective means in reducing alcohol related harm³. Therefore, a comprehensive review of the Sale of Liquor Act should be one of the prioritised areas of the NAAP.

Lessons learnt from tobacco control, cancer control, and HEHA strategies, could be considered as models for the NAAP^{4, 5, 6}.

ARPHS recommends continued support for the collaborative and co-ordinated approach among key agencies which is effective within the Auckland region. Suggest the liquor liaison grouping of local District licensing agencies/ police / public health could provide

³ Babor, T. et al, 1994. Alcohol Policies: A consumer's guide

⁴ Ministry of Health 2004. Healthy Eating - Healthy Acton: Oranga Kai – Oranga Pumau implantation plan 2004 - 2010

⁵ Ministry of Health 2005. The New Zealand Cancer Control Strategy. Action Plan 2005 - 2010

⁶ Ministry of Health 2004. Clearing the smoke: A five-year plan for tobacco control in New Zealand (2004-2009). Wellington: Ministry of Health

further leadership for relevant actions but will need more resources as their main role currently is regulatory/enforcement.

10. Do you agree with the five goals and sub-goals to achieve the overarching vision and aim of the National Alcohol Action Plan (as described on pages 4, 8, 11, 14, & 16)?

Yes No

Comment:

ARPHS recommend the goals and sub-goals be amended to incorporate a Maori world view with respect of the Vision, Aim and Themes of the National Alcohol Action Plan as per recommendations provided question 4, 5, 7 and 8.

11. Should any other goals or sub-goals be included?

Yes No

If yes, please explain.

In the foreword of the Ministry of Health's Maori Health Strategy, "He Korowai Oranga" the then, Minister of Health, Hon. Annette King and Associate Minister of Health, Hon. Tariana Turia stated in 2002 that 'Positive development of whanau, hapu and iwi contributes to a dynamic nation and the advancement of national wellbeing and wealth. Placing whanau at the centre of public policy challenges us to create environments that are liberating and enable whanau to shape and direct their own lives to achieve the quality of life Maori are entitled to as Tangata Whenua in Aotearoa, New Zealand. This requires an approach that recognises and builds on the integral strengths and assets of whanau, encouraging whanau development'⁷.

Examples of this are listed in question 12.

12. Would you add further actions under Goal 1, 'Empower and support individuals and families and whanau to manage alcohol in their lives and receive help when they need it' (pages 4-8)?

Yes No

Comment:

Develop and implement a strategy and action plan that recognises and builds on the integral strengths and assets of whanau, encouraging whanau development and responsibility towards reducing alcohol-related harms to address:

1. The impact of alcohol-related harm on Maori development.
2. The need for a greater focus on Maori interventions using Maori models of health and wellbeing.
3. The need to link alcohol strategies with other relevant strategies across the health sector and community.
4. Expanding alcohol research to include methodologies that resonate with the Maori world view.
5. To instigate the mandatory collection of ethnicity data and mandatory analysis by ethnicity at all points including planning and management of alcohol-related harms.
6. Building the capacity and capability of the Maori workforce development.
7. Alcohol harms need to be framed in terms of harm that is direct or indirect harm.

⁷ Ministry of Health 2002. Foreword. He Korowai Oranga - Maori Health Strategy

8. Community responsibility, involvement, and action are needed to address alcohol-related harms.
9. To support Maori led development resulting in the achievement of tino rangatiratanga and ultimately the promise to “minimise alcohol related harm in Aotearoa/New Zealand”.
10. Maori models of health and principles of The Treaty of Waitangi should be used, as a Maori view of what constitutes alcohol-related harm will differ from a mainstream view.
11. Whole of Government collaboration is needed to ensure messages about alcohol use are consistent and are linked to other related strategies.
12. Maori Leaders and role models are needed to champion change.

The foreword of the Ministry of Health’s Maori Health Strategy, “He Korowai Oranga” continues to state that ‘This strategy requires the Crown and Treaty partners to work together in good faith. It also encourages all agencies and organisations involved in health to work together to create a system with defined processes and mechanisms to achieve improved outcomes. Such a system requires ongoing monitoring and evaluation to ensure that the interventions are achieving the desired outcomes for whanau⁸.

13. Would you add any further actions under Goal 2, ‘Enhance public wellbeing and safety in environments affected by alcohol or where alcohol is used’ (pages 8-11)?

Yes No

Comment:

ARPHS suggested sub goal;

Enable the increased participation of Maori in the development, promotion, support and implementation of host responsibility policy and practices to work collaboratively with Marae, licensed premises, clubs, private homes, workplaces, and alternative venues where alcohol is consumed, sold or supplied.

With reference to specific actions in the Plan:

2.1.1 A pilot initiative should be well evaluated before wider implementation. Pilot to include other venues such as Marae, homes, sports clubs and student halls of residence.

2.1.2 National consistency is needed for large scale special events.

2.1.4 Extend the concept of resource kits for Pacific and Asian populations as well as young men and young women. The communities concerned should be the lead agency with ALAC being the supporting agency.

2.1.5 Local level initiatives supported from national level policies.

2.2.1. Include the Department of Women’s affairs and other community groups e.g. Women’s refuge.

2.2.5 Programme to include all forms of transport not just motor vehicles is needed – e.g. recreational water, cyclists and so on. This could focus on holiday locations at freshwater and marine environments with harbour masters, boating clubs etc.

2.2.6 Commitment to complete an evaluation of the effectiveness of liquor bans and bylaws is needed.

2.2.8 This area is currently under resourced and should include other initiatives not just Controlled purchase operations.

2.3.5 Promote the role of district plans in determining the density of alcohol outlets in communities, their location and hours of operation.

⁸ Ministry of Health. 2002 Foreword. He Korowai Oranga – Maori Health Strategy

14. Would you add further actions under Goal 3, 'Maintain and develop capacity and supportive networks for an effective workforce that contributes to reducing alcohol-related harm' (pages 11-14)?

Yes No

Comment:

ARPHS Additional Sub Goal 3 – “Build the capacity and capability of Maori to implement, monitor and evaluate the National Alcohol Action Plan in terms of Maori specific priorities, processes and outcomes”.

15. Would you add further actions under Goal 4, 'Ensure legislative and regulatory environments are responsive and address the harms caused by alcohol misuse' (pages 14-16)?

Yes No

Comment:

4.1.1. A full and comprehensive review of the SoLA is an important and urgent requirement, specifically broadening the role of the Medical Officer of Health.

ARPHS would like to see a new sub goal around the impact of reducing the alcohol purchasing age with a view to increasing the age requirement.

16. Would you add further actions under Goal 5, 'Improve the collection and communication of data, information and research on alcohol consumption and alcohol-related harm' (pages 16-19)?

Yes No

Comment:

ARPHS suggested goal under **5.1**.

5.1.1 Broaden by using other sources of data, such as ACC, Accident & Emergency department and hospitalisation data in relation to alcohol related harm.

17. Where do you feel that efforts should be focused in the next five years to make the biggest difference in reducing alcohol-related harm?

Yes No

Comment:

1. Implementation of evidence based policy.
2. Priority given to those interventions with strong evidence base to minimise alcohol related harm.
3. Priority to address inequalities.
4. The National Alcohol Strategy and Action Plan include Maori specific priorities and actions that are developed and implemented “By Maori, for All”.
5. Review of SoLA and regulatory environment e.g. advertising directly marketed towards the youth culture, taxation.
6. Increase legal purchasing age.

18. Are there actions currently identified that you feel should be given the highest priority?
 Yes No

Please give details

ARPHS recommends that the urgent review of the SoLA be given the highest priority.

19. Are there gaps you see in what actions are currently proposed? If so, what are your ideas for addressing these gaps?
 Yes No

If yes, please give details

No comment.

20. Do you have any examples of best practice that you would like to see included in the National Alcohol Action Plan?
 Yes No

If yes, please give details

No comment.

Monitoring and review

21. Do you agree with the method for monitoring and reviewing actions planned as part of the National Alcohol Action Plan (pages 20-21)?
 Yes No

If no, do you have suggestions for improvement?

This needs to be expanded to include population level data about hospital admissions, ACC claims, and primary care consultations for example. This would give a more comprehensive picture of impact of alcohol on health sector and other sectors and inform further planning

22. Do you think the National Alcohol Action Plan should have a set time-frame? If so, when do you think the National Alcohol Action Plan should be reviewed?
 Yes No

Comment:

ARPHS recommends a review cycle of 3 – 5 years.

Part 2: Background and rationale

25. Does the 'Background' section (pages 26-32) provide a fair overview of alcohol consumption patterns and trends, alcohol-related harms, and the international context?
 Yes No

If no, what else would you include?

ARPHS would suggest the inclusion of an overview of the range of effective interventions in reducing alcohol related harm (with supporting evidence).

26. Do you consider that the frameworks for intervention (pages 38-40) provide a useful context for considering the actions?

Yes No

Comment:

No comment.

Anything else?

24. Is the format, language, and content of the National Alcohol Action Plan appropriate?

Yes No

Please provide reasons

No comment

25. Please note any further comments you have.

1) The plan needs to be more explicit in regard to timeframes, the establishment of clear targets, and identifying the key agency accountable for overall outcomes. A commitment to appropriate funding streams is needed.

2) The plan would be strengthened by emphasising the importance of addressing the broader environment (social, physical, cultural) as well as individual behaviour change to resolve problems.

3) Stronger focus on youth issues especially for young women is essential.

4) Evaluation of action areas is essential.

5) Defined indicators and targets are required.

6) Identify the agency taking overall responsibility for the plan.