

Corporate Profile

∴ THE ALCOHOL ADVISORY COUNCIL ∴

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND

Kaunihera Whakatupato Waipiro O Aotearoa



MESSAGE FROM THE CHIEF EXECUTIVE

The biggest challenge facing ALAC and the country as a whole is making changes to what is now a well-established Kiwi culture of binge drinking.

New Zealand has evolved a culture of drinking that accepts excessive drinking as being part of a 'work hard, play hard' ethic, and supports it through its stories, its humour and its behaviour. This culture comes with both a human and financial cost.

Binge drinking (excessive alcohol consumption on a single drinking occasion) is the single greatest contributor to the harms that are attributable to alcohol consumption. While binge drinking is occurring across all social, cultural and economic segments of our society, certain population groups – such as youth, Māori and Pacific peoples - are being disproportionately affected.

We are a small agency with a large challenge. Our vision for the future is a comprehensive one. We




want to create a drinking culture that supports the moderate use of alcohol so that whānau and communities enjoy life, free from alcohol harms.

This is part of a wider view of a society where community capacity is enhanced and health and well-being is not measured by the absence of harm but by the presence of quality of life for families and communities.

But we can't achieve our vision on our own. We take a collaborative approach working with other agencies that also see the need and benefit of change.

We are realists and acknowledge that changing the national attitude from one that accepts excessive or harmful drinking to one that expects responsible drinking will take a long time.

But we are making progress. In 2003, our early surveying identified that drink driving and chronic illness, including dependency, were the



concerns for New Zealanders when thinking about alcohol-related harm. Since then, through media work, advertising, intensive stakeholder relations programme and community partnerships, ALAC has generated a 'national conversation' focused on improving people's understanding of the range of harms caused by binge drinking and ultimately, changing their behaviour.

Now around three quarters of adult New Zealanders recognise that binge drinking is more likely to cause harm to themselves or others. They now see that crime, violence, injuries, relationship breakdown, embarrassment and regret are further possible consequences of the way we drink.

We believe that many New Zealanders are poised to make changes in their behaviour. This mindset and readiness for change sets the stage for the further work that is needed to take place in order to achieve sustainable change. Additionally, we

are encouraged by the actions and achievements of partner organisations that contribute to our vision.

We are here for the long haul and by utilising our people, our partnerships and our work in the communities we are confident we can achieve our vision.

Gerard Vaughan CEO ::

WHO ARE WE?

The Alcohol Advisory Council of New Zealand (ALAC) is an Autonomous Crown Entity. It was established in 1976 under legislation by its original name – the Alcoholic Liquor Advisory Council, following a report by the Royal Commission of Inquiry into the Sale of Liquor. The Commission recommended establishing a permanent council whose aim was to encourage responsible alcohol use and minimise misuse.

The name was formally changed when the Alcohol Advisory Council of New Zealand Amendment Act came into force in August 2000. The Council has eight members appointed by the Minister. The Minister of Health has responsibility for ALAC.

We are funded by a levy on all liquor imported into, or manufactured in New Zealand for sale and employ around 30 staff.

As an Autonomous Crown Entity under the Crown Entities Act, ALAC has a measure of independence from Government but it also has regard to Government goals and objectives.

AIMS AND OBJECTIVES

The Alcohol Advisory Council Amendment Act 2000 states that ALAC's primary objective is:

“The encouragement and promotion of moderation in the use of liquor, the discouragement and reduction of the misuse of liquor, and the minimisation of the personal, social, and economic harm resulting from the misuse of liquor”.

OUR VISION


A New Zealand drinking culture that supports the moderate use of alcohol so that whānau and communities enjoy life, free from alcohol harms.

OUR MISSION

To lead a change in New Zealand's drinking culture.

We will know we are on track when:

:: moderation is encouraged and expected by everyone

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- :: drunkenness is seen as socially unacceptable and its occurrence is significantly reduced
 - :: whānau, hapū and iwi exercise rangatiratanga over oranga in their communities
 - :: young people delay drinking until they are older
 - :: there is an active involvement of communities, families and whānau in the prevention and reduction of alcohol-related harm
 - :: there is compliance with the law, and responsible behaviour, by suppliers and providers of alcohol.

WHAT'S THE PROBLEM?

In 2008 in New Zealand, we drank 32.1 million litres of alcohol. That is 9.5 litres for every person 15 years and over.

Most of us are drinkers. Some 88 percent of men and 83 percent of women identify themselves as drinkers. That is not the problem. It is the way we drink and our attitude towards getting drunk that is the problem.

Binging is about people drinking to a point of drunkenness and intoxication. It is where they say and do things that they wouldn't normally. It is where they put themselves and others at risk of harm. Most people know how much is too much and when they tip beyond a sociable state.

In our culture, this is accepted, widespread learned behaviour.

Binge drinking is the most significant and common aspect of overall alcohol misuse, and these behaviours cross all socio-economic groups. The New Zealand Health Survey found

that 17.7 percent of us are hazardous drinkers¹. ALAC's Alcohol Monitor classifies 25 percent of New Zealanders as binge drinkers².

Additionally, certain groups are disproportionately impacted by alcohol misuse (young people, Pacific and Māori communities) and this has far reaching negative impacts on their ability to participate fully in New Zealand's economy and society now and in the future. Also, alcohol misuse has especially adverse effects on women generally, and when pregnant on their unborn children.

1 Ministry of Health. 2008. *A Portrait of Health, Key Results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health.

2 Palmer, S., Fryer, K., Kalafatelis, E., 2009, *ALAC Alcohol Monitor – Adults & Youth 2007-08 Drinking Behaviours Report*. Wellington: ALAC.

WHAT'S THE HARM IN GETTING DRUNK?

Alcohol is the most commonly used drug in New Zealand. While most New Zealanders enjoy alcohol in moderation most of the time, problem drinking is creating some serious health and social issues. And we all pay the costs in some form - as individuals, as communities and as a country.

Alcohol figures in many assaults. It is associated with family violence. There's a long-recognised link between alcohol and traffic crashes. A vast amount of police time is taken up by the antics and crimes of drunken people.

And contrary to public perception, most alcohol-related problems are not caused by 'alcoholics' or dependent drinkers, but by everyday people drinking at risky levels, and a great deal of binge drinking.

While it is a difficult and complex task to attribute a cost to alcohol misuse, various studies have put the cost in the billions of dollars.

This includes direct costs such as hospital expenses, accident compensation payments,

police and justice system costs and indirect costs such as lost production from premature death and sickness, lost working efficiency and excess unemployment.

In addition:

:: half of serious violent crimes are related to alcohol³

:: a third of all police apprehensions involve alcohol⁴

:: in 2007, driver consumption of alcohol or drugs was a contributing factor in 117 fatal traffic crashes, 402 serious injury crashes and 1,182 minor injury crashes. These crashes resulted in 128 deaths, 559 serious injuries and 1,777 minor injuries. The social cost is estimated at \$838 million, approximately one fifth of the social cost associated with all traffic related injury crashes⁵

:: in 2000, there were over 1000 alcohol-related deaths in New Zealand⁶

:: in 2000, it was estimated that alcohol contributed to the deaths of 212 young people aged 15–29 years⁷

:: twenty six percent of injury hospitalisation costs in the 25 to 63 age group are as a result of falls.⁸ A recent falls study in the 25 to 60 age group completed by Auckland University found that just under half (45.8 percent) of participants in the study had consumed alcohol in the 24 hours preceding the fall⁹

:: between 2002 and 2007 there were 708 drownings of which 140 (20 percent) were known to involve alcohol and/or drugs¹⁰

:: alcohol is a factor in approximately 17 percent of all boating drownings¹¹

:: alcohol was involved in 50 percent of all fatal house fires¹²

:: at least a third of recorded violence offences and family violence incidents in 2007/08 were committed where the offender had consumed alcohol prior to committing the offence¹³.

3 Stevenson, R. (2009). *National Alcohol Assessment*. Wellington, N.Z.: New Zealand Police.

4 Stevenson, R. (2009). *National Alcohol Assessment*. Wellington, N.Z.: New Zealand Police.

5 Ministry of Transport. (2008). Alcohol/drugs crash factsheet (in progress). Based on data from the Ministry of Transport. (2008). *Motor vehicle crashes in New Zealand 2007: statistical statement calendar year 2007*. Data Retrieved 28/10/2008, from <http://transport.govt.nz/assets/NewPDFs/Motor-Vehicle-Crashes-in-New-Zealand-2007.pdf>.

6 Connor, J., Broad, J., Jackson, R., Vander Hoom, S., & Rehm, J. (2005). *The burden of death disease and disability due to alcohol in New Zealand*. Wellington: Alcohol Advisory Council of New Zealand.

7 Connor, J., Broad, J., Jackson, R., Vander Hoom, S., & Rehm, J. (2005). *The burden of death disease and disability due to alcohol in New Zealand*. Wellington: Alcohol Advisory Council of New Zealand.

8 Stephenson, S., Langley, J., & Trotter, M. (2005). *Impact of injury in New Zealand: a description of the impact of injury resulting in death and hospital inpatient treatment by ethnicity, gender, age, and mechanism*. (2nd ed.). Dunedin: Injury Prevention Research Unit, University of Otago.

9 Kool, B., & Ameratunga, S. (2007). *Risk factors for non-fatal fall injuries at home among adults 25 to 60 years: final report for the Accident Compensation Corporation*. Wellington: ACC.

10 Water Safety New Zealand. (2008). Drownbase statistical response. Data Retrieved 04/11/2008, from Water Safety New Zealand.

11 WaterSafe Auckland. (2008). Alcohol: water and alcohol don't mix! Data Retrieved 28/10/2008, from <http://www.watersafe.org.nz/page.asp?page=467>.

12 NZ Fire Service.

13 Stevenson, R. (2009). *National Alcohol Assessment*. Wellington, N.Z.: New Zealand Police.

WHAT IS ALAC DOING?

ALAC is working with New Zealanders – organisations, companies and individuals – to change New Zealanders' drinking patterns and the acceptance of intoxication as a desirable and normal end point of drinking.

Bringing about real change to the way we drink requires creating multi-layered programmes across the key areas of supply control, problem limitation and demand reduction that are fundamental to change in the alcohol context.

The **supply control strategies** focus on achieving enforcement of and compliance with the Sale of Liquor Act, controlled purchase operations, parents' programmes, and policy measures such as tax/price, outlet density, controls on alcohol advertising and purchase age.


Problem limitation strategies focus on the group of dependent and hazardous drinkers who need support and assistance to reduce or stop their drinking. These strategies include early intervention programmes, treatment, supporting

the Alcohol Drug Helpline and other services.

The **demand reduction strategies** focus on achieving drinking culture change outcomes by using mass communications to persuade communities and individuals to make better choices about their consumption.

We promote changes in the regulatory environment, articulating the policy positions of our Council in submissions to Parliamentary select committees, territorial local authorities and the like on issues around the Sale of Liquor Act. Just as importantly we assist interested groups to have their voice heard during Government reviews and consultations round Government policy.

Along with getting the right balance and mix in our laws we do need change in our social norms, particularly our society's acceptance of drinking to get drunk. So influencing change in the non-regulatory environment is critical. To this end, we will continue to lead a national conversation about our drinking culture using a



range of communication, community action and marketing methods. Supporting communities who want to develop local solutions, in particular those with a focus on Māori, Pacific peoples and young people, will be a key part of this.

With our colleagues in the health sector we want to increase the understanding of health harms alongside the better understood law and order impacts of alcohol misuse. Our aim is to create an environment where people drinking in problematic ways seek and receive help much earlier. Building on our long association with industry and enforcement agencies we will also continue to promote host responsibility, with a stronger focus on management of alcohol at events. Provision of information and research will also continue to be important, especially developing ways of measuring changes over time to answer the important question - are things getting better or worse?

Underpinning all of this is our ongoing commitment to work together with our partners.

HOW WE WILL DO IT

Solutions are complex and no one organisation is able to do the job alone. However, we believe we can be a catalyst and by sharing our vision and strategy lead the necessary change with partners and allies across the Government, NGO and commercial sectors.

Collaboration is a vital element of our work. We work with the Ministry of Health in advising the Government on alcohol-related health issues. We are part of the Inter-Agency Committee on Drugs (IACD), which includes the Ministry of Health, NZ Police and the Ministry of Justice. We also work with the government agencies responsible for achieving and implementing the New Zealand Injury Prevention Strategy (NZIPS).


We collaborate with NZ Police on a national and regional level on issues surrounding enforcement of the Sale of Liquor Act. We assist local authorities across the country in developing their strategies for reducing local alcohol-related harms. We make submissions to the Liquor Licensing Authority (LLA), to the local

government committees and District Licensing Agencies (DLAs). We have a strong relationship with Local Government New Zealand. We work in the primary care sector with Primary Health Organisations.

We collaborate in a number of areas with ACC on reducing costs of alcohol-related accidents. We work with Te Puni Kokiri, the Ministry of Youth Development and the Ministry of Pacific Island Affairs to reduce the alcohol burden on our priority populations.

We work with communities, including a range of community organisations, to find solutions to issues that will achieve change in their environments. We support communities through a community action fund allowing communities, groups and individuals who are taking action to influence and lead change in the drinking culture.

We advocate for the alcohol and drug treatment sector and fund with the Ministry of Health the Alcohol Drug Helpline for those seeking help for their own or someone else's alcohol misuse.



While change takes place in systems, it also involves influential individuals in organisations who become associates and champions.

WHAT INDIVIDUALS AND ORGANISATIONS CAN DO TO HELP

As individuals you can set the standard. You are often the host for your staff, for your colleagues, your workmates, your friends, your family, and your children. You can role model the desired behaviour.

Your organisation can undertake specific programmes that contribute to the vision of a New Zealand drinking culture that supports the moderate use of alcohol so that whanau and communities enjoy life, free from alcohol harms and that align to the goal. You can use your communications channels to spread the message.

All New Zealand organisations can contribute in a number of ways to bring about this drinking

culture change. You all have stakeholders, customers, clients, members, branches, newsletters and volunteers. When you provide them with a lead of how they as individuals or groups can contribute to this cultural change you are making a difference.

CONTACT US

ALAC National Office and Central Region

Level 13, Craigs Investment Partners House
36 Customhouse Quay
Wellington 6011
PO Box 5023
Wellington 6145
Phone: (04) 917 0060
Fax: (04) 473 0890
Email central@alac.org.nz

ALAC Northern Office

Level 2, Ascot Central
7 Ellerslie Racecourse Drive, Greenlane
PO Box 11791
Ellerslie
Auckland 1542
Phone: (09) 916 0330
Fax: (09) 916 0339
Email northern@alac.org.nz

Southern Regional Office

Level 4, Media Associates Building
77 Hereford Street
PO Box 2688
Christchurch 8140
Phone: (03) 365 8540
Fax: (03) 365 8542
Email southern@alac.org.nz

www.alac.org.nz

Freephone 0508 258 258

Alcohol Drug Helpline 0800 787 797