SUBMISSION TO THE JUSTICE AND ELECTORAL SELECT COMMITTEE

ON THE ALCOHOL REFORM BILL

February 2011

NEW ZEALAND COUNCIL OF CHRISTIAN SOCIAL SERVICES

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Summary

1. New Zealand Council of Christian Social Services (NZCCSS) members deliver over 1,000 social service programmes to those in need in our community. Many providers work with individuals and families affected negatively by alcohol in their lives. Direct and indirect support includes specialist addiction programmes such as *The Bridge* programme run by The Salvation Army, alcohol and drug centres (e.g. Christchurch City Mission's Thorpe House) and home based detox services. Additionally our members provide practical help for people with addictions and their families through social work services, counselling and parenting support and the like.

2. People on lower incomes tend to spend less on alcohol than those on higher incomes. However, the heavy marketing of alcohol in poorer communities contributes to family stress, relationship problems, violence, addictions, debt and abuse. It can become part of a vicious cycle where it both causes hardship, and then it is used to dull the pain of hardship.

3. NZCCSS welcomes the Government's intention to reduce alcohol related harm.

4. Our organisation considers measures in the current Bill need to be strengthened to achieve this goal.

5. Change will not occur unless we change the heavy drinking culture in Aotearoa New Zealand. Government can make this happen by reducing overall alcohol consumption in the population. This will also reduce the level of harmful drinking in our community.

6. Many of the measures in the Bill are directed at youth. A youth focus is inappropriate given that (a) fewer than 10% of our heavy drinkers are under age 20, and (b) youth are recipients of the culture they grow up in. Youth drinking is a reflection of a broader social context.

7. Māori are disproportionately affected by alcohol abuse throughout the population. The Bill's failure to reduce overall alcohol consumption represents a lost opportunity to significantly benefit Māori.

8. NZCCSS supports Alcohol Action New Zealand's 5+ solutions as a practical way of reducing alcohol related harm. These measures include raising the price, raising the purchase age, reducing alcohol accessibility (including restrictions or the abolition of supermarket sales), reduced marketing and advertising and increased drink driving measures.

9. NZCCSS recommends improved treatment opportunities as:
    - **(a)** Our current services are over-burdened
    - **(b)** Our mental health services are overburdened
    - **(c)** Māori are not getting access to treatment, let alone kaupapa Māori treatment
    - **(d)** The Community Alcohol and Drug Service harm reduction approach does not appear to be working
    - **(e)** There is a lack of services for adolescents

10. Improved treatment opportunities we seek are as follows:
    - **(a)** Provision of kaupapa Māori responses to addiction. Some of these should be residential and marae based
    - **(b)** Improved provision of adolescent addiction services, both generally and dealing with high end addictions
    - **(c)** Provision of custodial medical detox facilities in recognition of the high proportion of arrests involving intoxicated individuals
    - **(d)** Provision of alcohol treatment for our prison population
    - **(e)** Multilingual addiction service provision so the clients receive assistance in their own language
    - **(f)** Brief intervention services for those with more mild addictions
    - **(g)** Evaluation of the effectiveness of the Community Alcohol and Drug Service harm reduction approach.

11. NZCCSS supports public education campaigns as long as they are based on strong evidence of effectiveness, and avoid unintended consequences resulting in increased alcohol consumption / harm. We note, however, that education campaigns are not as effective in reducing alcohol related harm as increasing price, raising the purchase age, reducing availability, reducing permissible blood alcohol levels amongst drivers, and reducing marketing.

12. NZCCSS would like to make an oral submission to the committee. Our contact details are: Trevor McGlinchey, Executive Officer, eo@nzccss.org.nz; or Philippa Fletcher, Policy Advisor philippa.fletcher@nzccss.org.nz NZCCSS, PO Box 12 090, Thorndon, WELLINGTON, ph. 04 473 2627.

Introduction

1. NZCCSS works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ. In seeking to fulfil this mission, we are committed to: (a) giving priority to the poor and vulnerable members of our society and (b) Te Tiriti ō Waitangi.

2. The New Zealand Council of Christian Social Services (NZCCSS) has six foundation members; the Anglican Care Network, Baptist Churches of New Zealand, Catholic Social Services, Presbyterian Support and the Methodist and Salvation Army Churches. Through their networks and approximately five hundred social service delivery sites, NZCCSS members make a significant contribution to New Zealand's social wellbeing.

3. Collectively, our six members represent 639 organisations that operate a total of 1,214 social service programmes throughout New Zealand. Our members deliver a wide range of services covering such areas as child and family services, services for older people, food bank and emergency services, housing, budgeting, disability, addictions, community development and employment services. (Further information on NZCCSS can be found in Appendix 1.)

Our experience

4. Many Christian social service providers work with individuals and families affected negatively by alcohol in their lives. Our members provide range of direct and indirect supports. These include specialist addiction programmes such as *The Bridge* programme run by The Salvation Army, alcohol and drug centres (e.g. Christchurch City Mission's Thorpe House) and home based detox services. Additionally our members provide practical help for people with addictions and their families through social work services, counselling and parenting support and the like.

5. People on lower incomes tend to spend less on alcohol than those on higher incomes. However, the heavy marketing of alcohol in poorer communities contributes to family stress, relationship problems, violence, addictions, debt and abuse. It can become part of a vicious cycle where it both causes hardship, and then it is used to dull the pain of hardship[1].

Request for oral submission

6. NZCCSS would like to make an oral submission to the committee as we have considerable interest and expertise in this area.

Contact details

7. Contact details for this submission are: Trevor McGlinchey, Executive Officer, or eo@nzccss.org.nz, or Philippa Fletcher, Policy Advisor philippa.fletcher@nzccss.org.nz NZCCSS, PO Box 12 090, Thorndon, WELLINGTON, ph. 04 473 2627.

[1] (New Zealand Council of Christian Social Services, Grassroots Voices, 2009)

General comments

8. **NZCCSS supports the government objectives in this Bill**, i.e.:

> **(4)(1) (a)** *the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and*
> **(b)** *the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.*

These objectives contribute to the NZCCSS goal of a just and compassionate society which upholds the Te Tiriti ō Waitangi.

9. **We also support the government's stated public health concern**, i.e. "harm includes harm to society generally, and may be direct or indirect" **4 (2).** There is good reason for our support, as the Justice Minister noted that alcohol is estimated to contribute to '1,000 deaths a year, being implicated in 30 per cent of all police recorded offences, 34 per cent of recorded family violence, and 50 per cent of all homicides.'[2] Others have stated that there are around 700,000 heavy drinkers in Aotearoa New Zealand and around 70,000 alcohol associated physical and sexual assaults annually.[3]

10. There is also a very real cost for social service agencies who offer emergency support. Providing services dealing with the negative impact of alcohol is essential, however effective medium to long term strategies to reduce and/or prevent alcohol related harm would be preferable.

11. **Our chief concern is that the Bill will not achieve its stated goals** for the following reasons:
-A public health concern requires a population focus
- Reducing total population-wide alcohol consumption would be an effective focus
-The focus is heavily on youth which misidentifies the problem as a youth concern
- The Bill is failing Māori whānau
- Strong regulations appear to be one of the best ways to reduce alcohol related harm, and these are absent from this Bill.
NZCCSS supports the regulatory changes recommended by Alcohol Action New Zealand.

12. We will comment on each of the issues from the perspective of our members' experience, research and views.

[2] (Power, 2010)

[3] (Sellman, 2010)

Specific issues

Why a population approach will achieve a reduction in alcohol related harm.

13. As The Salvation Army has commented, the damage done by harmful drinking is not a personal matter.[4] Government has stated its public health concern, i.e. it wishes to avoid "any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury." **((4) (2) a).** However, it then contradicts this focus with individuals' rights and responsibilities approach. It ensures people have broad opportunities to buy liquor and that business and the market largely determine where and how liquor is sold.

14. Rose's classic prevention paradox is relevant here.[5] Reducing overall consumption is the most effective way to reduce problematic consumption. If we are serious about reducing the amount of alcohol related harm in our society, we must consider the totality of alcohol use rather than just targeting problem drinkers"[6] We need to shift social norms. If this occurs, the level of alcohol consumed throughout our society falls, including the level consumed by our heaviest users. The Bill needs to reduce overall consumption. As written, this is unlikely.

15. **NZCCSS recommends:**
(a) Government recognises reducing overall consumption is the most effective way to reduce problematic consumption.

Not just a youth issue

16. The restrictive provisions in the Bill largely target youth. We need more than a focus on youth as most of our alcohol consumption is by other groups. New Zealand has a culture of heavy drinking and binge drinking that extends beyond our young people. Youth tend to receive rather than create our heavy drinking culture. The measures in the Bill will have little impact on the culture, as fewer than 10% of heavy drinkers are under the age of 20.[7]

17. It is possible our young people's ability to value themselves is reduced by the way we continually portray them as social 'baddies' in our news media or even in this Bill e.g. alcohol abuse, teenage crime, boy racers, youths out of control, drug usage etc.[8] We complain about youth alcohol abuse but then foster a materialistic, individualistic culture conducive to

[4] (Salvation Army, 2010)

[5] (Rose, 1985)

[6] Presbyterian Church of Aotearoa New Zealand (2009 p.4)

[7] (Wells JE, 2006)

[8] (Presbyterian Church of New Zealand, 2009)

reduced social cohesion, trust, confidence etc. [9] In this way, we fail to help our young people to value themselves and increase individual isolation. We know that people who do not value themselves are more likely to undertake harmful activities, often to feel more at ease or to numb bad feelings. We cannot undermine our young people's ability to value themselves and then complain about them misusing alcohol.[10]

18. We also cannot expect to reduce youth inclination to use both legal and illegal drugs while failing to address wider issues which foster youth wellbeing. For example, high youth unemployment rates (around 20% overall or 27% for Māori)[11] make alcohol abuse among the young more likely.

19. As long as we see alcohol related harm as primarily a youth problem, then the rest of us are exempt from being part of the problem. At the most basic level, our young people grow up in a context. The rest of us provide that context. It is up to all of us to provide a context around alcohol that fosters the physical, mental, social and spiritual wellbeing of our young people. Government provides the legal means for helping create that context.

> NZCCSS Member comment: *"I looked at the court list for Auckland district court this morning with our staff member based at the court. Around 80% of the 24 appearing in Court 1 this morning are for alcohol –related offences. Only one of the 24 is under 20."*
>
> *LIFEWISE*

20. **NZCCSS recommends:**
    (a) Government recognises our young people grow up in a culture provided by the population as a whole
    (b) Government recognises fewer than 10% of heavy drinkers are under age 20
    (c) Government recognises a whole of population approach is most likely to reduce overall alcohol consumption and therefore reduce problematic consumption
    (d)Government adopts a 'whole of population' approach.

The Bill is failing Māori

21. Article three of the Te Tiriti ō Waitangi requires the Crown to ensure outcomes for Māori which are at least as favourable as those achieved by everyone else. This is not happening under current law. Māori are disproportionately affected by alcohol-related harm both as a result of their own drinking and from other people's alcohol use. Māori tend to use alcohol

[9] (Eckersley Ret.al, 2006)

[10] (Eckersley R et al, 2006)(Spreydon Baptist Church, 2009)

[11] (New Zealand Council of Christian Social Services, 2010)

less frequently than non-Māori; however, 'Māori past-year drinkers were more likely to have consumed a large amount of alcohol.'[12] 'Māori women consistently experience a higher prevalence of harmful effects due to someone else's alcohol use compared with other women. For example, Māori women were almost four times more likely to have experienced assault (physical and/or sexual) in the past year due to someone else's use of alcohol or drugs compared with non-Māori women.' [13]

22. Water was the universal Māori drink before Europeans arrived. Māori noticed the problems with alcohol and a petition was presented to Parliament by Haimona Te Aoterangi in 1874 which said that:

"Liquor impoverishes us; our children are not born healthy because parents drink to excess and the child suffers; it muddles men's brains and they in ignorance sign important documents and get into trouble thereby; grog also turns the intelligent men of the Māori race into fools....grog is the cause of various diseases which afflict us." [14]

23. **NZCCSS recommends: Government ensures any legislative change is likely to produce health and wellbeing outcomes for Māori which are at least as favourable as those achieved by other New Zealanders.**

Strong regulations will help

24. There is evidence that strong regulations do work For example 'longitudinal data suggest that strong regulations reduce consumption e.g. Mikhail Gorbachhev's 1985 strict alcohol policy resulted in reduced consumption and increased life expectancy. Reversal of this policy was followed by "sharp increase in consumption and in alcohol related mortality." [15]

25. **T**here are a number of low cost measures government has at its disposal. Numerous commentators have identified increasing the price, in particular the amount of excise tax on alcohol on the basis of ethanol level. Other simple measures include reducing accessibility, tightening drink driving laws and curtailing advertising. While some of these measures appear in the Bill, they tend to be in a very ineffectual form e.g. there is no suggestion of working to remove exposure to alcohol in supermarkets.

26. The Bill signals an intention to reduce alcohol related harm and yet it avoids government using the most effective tools it has at its disposal. One reason we know they are effective is our experience with tobacco. Tobacco measures have included: a ban on advertising; a ban

[12] (Ministry of Health, 2007, p. 228)

[13] (Ministry of Health, 2007), p. xxv

[14] http://www.maori-in-oz.com/index.php?option=com_content&task=view&id=1463&Itemid=212

[15] (Brand D, 2007)

on sponsorship; restrictions on visibility at retail outlets; and massive price increases.

Alcohol has many strong parallels. It not only causes disease, but is also capable of destroying families, being a factor in child abuse, causes road crashes, and increases violent offending. The types of measures proven effective in reducing tobacco related harm are largely absent from this Bill.

27. Effective measures would include:
(a) Raising the price
(b) Raising the age of purchase
(c) Reducing accessibility
(d) Reducing marketing and advertising
(e) Increasing drink-driving counter-measures
(f) Increasing treatment opportunities for heavy users.

28. These are the measures identified by Alcohol Action New Zealand. They are supported by a wide variety of other submitters and have a solid evidence base. Government would be well advised to consider these measures seriously. NZCCSS will address each of the measures in turn.

29. **NZCCSS recommends:**
(a) adoption of the 5+ Solution put forward by Alcohol Action New Zealand [16]

Price

30. **Raising the price of alcohol is the most simple and effective measure to address the problem**.[17] The price differential makes drinking at home or at friends' homes a more attractive option for many. Such environments often feature poor host responsibility. Many people drink before going out to clubs and bars because it is cheaper (front-loading).

31. According to the Law Commission Report, a 50% in excise tax will increase the price of alcohol by around an average of 10%. The excise increase will have the greatest price impact on cheap alcohol products, which are preferred by heavy and young drinkers. The price increase would be expected to reduce overall consumption by around 5%. The excise increase would provide a net benefit to New Zealand of a minimum of $72 million annually, by reducing the costs of alcohol-related health harm and health care costs.

32. **NZCCSS recommends:**
(a) Government commit to raising the price of alcohol along the lines suggested by Alcohol Action New Zealand.
(b) Government begins increasing prices by increasing the price per standard drink.

[16] (Alcohol Action NewZealand)

[17] (Casswell, 2005) p.119.

(c) Government increases the excise tax over time in an approach similar to that taken with tobacco.

Age – part 2 (9) and (10)

33. The international evidence suggests increasing the minimum age is also one of the most effective, least costly ways of reducing alcohol related harm.[18] The earlier a person starts drinking, the greater the likelihood of alcohol related problems later.[19] The current law results in 18 year olds supplying liquor to their younger peers; sometimes charging them for the service. This practice would largely stop if 18 year olds could no longer buy off licence alcohol, there was no (visible) alcohol in supermarkets, cheap alcohol was unavailable, alcohol sponsorship of sporting events was curtailed and alcohol products containing large amounts of sugar were banned. The current law provides for an effective drinking age of around 13.

34. Raising the drinking age may help assist Māori who are more likely to have first tried alcohol 'aged 14 years or younger, and were also more likely to have first been drunk when 14 years or younger. Trying alcohol at younger ages increases the risk of alcohol-related harm … .'[20]

35. The Bill's split age provisions mean 18 year olds could still drink in bars where their drinking was supervised. Ensuring their safety would require licensed environments to be well controlled.

36. Making 20 the uniform drinking age is difficult to support given 18 is the age of maturity in almost every other area of social life.

37. NZCCSS supports parental responsibility around minors' access to alcohol (224). However, this puts a heavy burden on parents, who are left policing their children's alcohol consumption in an alcohol oriented society. Parents are then left taking the blame in a context where there is no national leadership to reduce alcohol consumption. Unless government acts to change the heavy drinking culture, parents are being set up to fail.

38. **NZCCSS supports the Government intention to raise the purchase age in off-licence premises to 20 years, and retain 18 years for on-licence purchase.**

[18] See (Casswell) p. 122

[19] (NZ Law Commission, 2010)

[20] (Ministry of Health, 2007), p.229

39. **NZCCSS recommends:**
(a) Government support parents regarding minors' alcohol consumption by introducing measures to reduce alcohol accessibility, and the level of consumption in wider society.

Accessibility

Licensing – part 3 (38)

40. NZCCSS is pleased the Bill's provisions exclude dairies, convenience stores, petrol stations etc. from being able to hold liquor licences. We would like this restriction either extended to supermarkets, or supermarkets to sell alcohol in a more restricted manner (rather like tobacco). Currently, our community learns that alcohol is a grocery item like cheese, sausages, shampoo or any other normal commodity sold in supermarkets. The Hospitality Association of New Zealand (HANZ) has estimated that about 70% of the alcohol sold in New Zealand is sold from off-licenses, with most coming from supermarkets. This enables our young people to buy cheap supermarket alcohol. We are using grocery shops most of our population visit on a regular basis to both educate our young that alcohol is an ordinary good like any other, and to both promote and supply a drug 'on a par with morphine and ecstasy.'[21] Curtailing supermarket sales of alchol would help end New Zealand's heavy drinking culture. It would also help those dealing with addction to avoid relapse.

41. **NZCCSS recommends Government either**

(a) end supermarket sales of alcohol; or

(b) restrict supermarket sales of alcohol similar to the approach taken to tobacco

Local alcohol policies

42. NZCCSS supports local authorities being able to adopt a Local Alcohol Policy (75).

Permitted Trading Hours (clasue 44)

43. NZCCSS seeks a greater reduction in trading hours than stated in the Bill. We consider off licence trading from 7.00am -11.00pm and on licence trading from 8.00am – 4.00am (as stated in the Bill) will have little positive impact. We support the Alcohol Action in New Zealand approach and suggest reducing the hours of purchase for off-licence to 10am -10pm, and on-licence 10am – 1pm.

44. NZCCSS supports the restrictions on trading on Good Friday, Easter Sunday, Christmas and ANZAC day morning.

[21] (Sellman, 2010)

45. **NZCCSS recommends: trading hours are restricted to 10am -10pm for off-licence, and 10am – 1pm for on-licence**.

Reduce marketing and advertising (Clause 220)

46. NZCCSS supports the intention to reduce irresponsible promotion of alcohol. The Bill proposes strengthening regulations around promotions at the point of sale and ensuring alcohol advertising doesn't have special appeal for people under the purchase age. We consider this does not go far enough.

47. NZCCSS supports the Law Commission's five year plan to dismantle alcohol advertising and sponsorship in the same way as has occurred for tobacco promotion. Alcohol advertising encourages a heavy and binge drinking culture. As we commented in our submission on the Law Commission report, it is offensive to see Tui ads around the goal posts of rugby games for 5-7 year olds.

48. We are concerned about the predicted alcohol associations with the Rugby World Cup and would prefer this event to be devoid of any alcohol promotion.

49. **NZCCSS recommends:**
    (a) No alcohol promotion permitted through television, radio or cinema advertising
    (b) No alcohol promotion permitted through sponsorship of cultural or sporting events
    (c) Limited advertising is permitted in printed media and billboards but must be limited to messages that provide information directly related to the product rather than selling values
    (d) Marketing of alcohol at youth is explicitly prohibited.

Measures to reduce drunk driving

50. NZCCSS is keen for Government to reduce drunk driving. We note that the Land Transport (Road Safety and Other Matters) Amendment Bill provides for "more research" on the harm associated with driving under the influence between 0.05 and 0.08. While not part of this Bill, evidence from the Ministry of Transport indicates that the single most effective measure the Government could enact to decrease drunk driving deaths, injury and social costs is decreasing the adult drink driving limit from 0.08 to 0.05. Australian research has shown that a drop in the level has a positive significant impact on even the heaviest of drinkers. In addition, forty per cent of the injuries from drunk driving involve people other than the affected driver (Conner et al 2009).

51. NZCCSS considers there is enough evidence for the government to reduce the permissible blood alcohol limit right now.

52. **NZCCSS recommends:**
    (a) Reduce the adult drink driving limit from 0.08 to 0.05.

Improving treatment for those needing help

53. There appears to be no provision in the Bill to better assist those who need help managing their alcohol use when there is a clear need. For example, the Ministry of Health alcohol survey found that 2.4% of Māori aged 16–64 years had received help to reduce their level of alcohol use in the past year. Another 2.4 per cent wanted help but did not receive it.[22] Alcohol abuse has a harsh impact on the Māori population. Māori have reported a number of barriers to receiving help e.g. fear, social pressure, not knowing where to go, lack of transport etc.[23] The Bill does not address these problems.

54. There have been some recent new initiatives in addiction treatment provision, which are welcomed. However, these have been primarily in the context of the "methamphetamine crisis" which is much smaller than the 'alcohol crisis.' The 'alcohol crisis' is frequently dealt with by our mental health service. Mental health services are already over-burdened and increasing levels of alcohol problems in the community make this worse.

55. NZCCSS has noted insufficient adolescent addiction treatment services was also identified by families as an issue in NZCCSS's 2009 research report - *Grassroots Voices*.[24] There is a lack of both programmes for high end of addiction and general adolescent addiction.

56. The Salvation Army research report *Under the Influence - Reshaping New Zealand's Drinking Culture* also showed a shortage of programmes for alcohol related problems:

> For "the year-ending 30 June 2009 it experienced an increase in demand with a *21 per cent increase in uptake of its addictions services. A further increase in uptake of 33.5 per cent was experienced for the first two quarters of the 2009/10 financial year ….* More people have used the service through an increase in all types of referrals, including self-referral and referrals from other addictions services, as well as social services. *There has been no increase in funded bed numbers to meet the increase in demand*. The strong message from all focus groups was that *there are not enough programmes to meet demand across the range of services that are needed in the community, including assessment, counselling, detoxification treatment and rehabilitation" [author emphasis].*[25]

57. NZCCSS members have identified the need for Custodial Medical Detox facilities available for those arrested while intoxicated. These need to be located outside of a prison in a rehabilitative environment. Currently, intoxicated offenders sober up in police cells where there is risk and no satisfactory therapeutic intervention.

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[22] (Ministry of Health, 2007), p. xxv

[23] http://www.bpac.org.nz/magazine/2010/june/docs/BPJ_28_addiction_pages18-35_pf.pdf

[24] (New Zealand Council of Christian Social Services, 2009)

[25] (The Salvation Army, 2010) p.55-56.

This has resulted in deaths in custody. Offenders often come before the courts still under the influence of drugs or alcohol, without being assessed for underlying addiction problems. Both the safety of the offender and the police officer can be at risk. This is a common problem as approximately 40% of those arrested are intoxicated at the time, increasing to more than 60% on weekends.[26]

58. Alcohol treatment is needed for our prison population. On average, over 80% of those in prison are repeat offenders, and 83.4% of the prison population have lifetime alcohol or drug dependence or abuse.[27]

59. Members have reported that the harm reduction approach used by Community Alcohol and Drug Services is not working well. Just helping people cut down is not solving the problem.

60. **NZCCSS Recommends:**
(a) Provision of kaupapa Māori responses to addiction .Some of these should be residential and marae based
(b) Increased provision of addiction services
(c) Improved provision of adolescent addiction services, both generally and dealing with high end addictions
(d) Provision of custodial medical detox facilities in recognition of the high proportion of arrests involving intoxicated individuals
(e) Provision of alcohol treatment for our prison population
(f) Multilingual addiction service provision so the clients can understand
(g) Brief intervention services for those with more mild addictions
(h) Government investigate the effectiveness of the Community Alcohol and Drug Service harm reduction approach.

Education campaigns

61. Lessons can be learned from previous public campaigns to change behaviours such as drink driving and smoke free campaigns. A public education campaign along the lines of the *It's Not Okay* anti-violence campaign could be a good idea. There are strong links between excessive alcohol use, domestic violence and violence in public spaces. Any campaign would need to avoid unintended consequences resulting in increased alcohol use / abuse.

62. While there is merit in education campaigns, they are less effective in reducing alcohol related harm than increasing price, raising the purchase age, reducing availability, reducing permissible blood alcohol levels amongst drivers, and reducing marketing.[28]

[26] (Cheng, 2008); (Cheng, 2010)

[27] (ADANZ, 2008), p.3; (Dept. Corrections, 1999)

[28] See (Casswell, 2005)

63. **NZCCSS recommends:**
(a) Public education campaigns supported by a clear evidence base

(b) Any education for schools must have been shown to be effective in reducing alcohol related harm.

Recommendations

1. **NZCCSS recommends:**
   (a) Government recognises reducing overall consumption is the most effective way to reduce problematic consumption.

2. **NZCCSS recommends:**
   (a) Government recognises our young people grow up in a culture provided by the population as a whole
   (b) Government recognises fewer than 10% of heavy drinkers are under age 20
   (c) Government recognises a whole of population approach is most likely to reduce overall alcohol consumption and therefore reduce problematic consumption
   (d) Government adopts a 'whole of population' approach.

3. **NZCCSS recommends:**
   (a) Government ensures any legislative change is likely to produce health and wellbeing outcomes for Māori which are at least as favourable as those achieved by all New Zealanders.

4. **NZCCSS recommends:**
   (a) Adoption of the 5+ Solution put forward by Alcohol Action New Zealand [29].

5. **NZCCSS recommends:**
   (a) Government commit to raising the price of alcohol along the lines suggested by Alcohol Action New Zealand
   (b) Government begins increasing prices by increasing the price per standard drink
   (c) Government increases the excise tax over time in an approach similar to that taken to tobacco.

6. NZCCSS supports the Government intention to raise the purchase age in off-licence premises to 20 years, and retain 18 years for on-licence purchase.

7. **NZCCSS recommends:**
   (a) Government support parents regarding minors' alcohol consumption with measures to reduce alcohol accessibility, and the level of consumption in wider society.

8. **NZCCSS recommends:**
   Government either;
   (a) End supermarket sales of alcohol; or
   (b) Restrict supermarket sales of alcohol similar to the approach taken to tobacco.

9. **NZCCSS recommends:**
   (a) trading hours are restricted to 10am -10pm for off-license, and 10am – 1pm for on-license.

[29] (Alcohol Action NewZealand)

10. **NZCCSS recommends:**
    (a) No alcohol promotion permitted through television, radio or cinema advertising
    (b) No alcohol promotion permitted through sponsorship of cultural or sporting events
    (c) Limited advertising is permitted in printed media and billboards but must be limited to messages that provide information directly related to the product rather than selling values
    (d) Marketing of alcohol at youth is explicitly prohibited.

11. **NZCCSS recommends:**
    (a) Reduce the adult drink driving limit from 0.08 to 0.05.

12. **NZCCSS Recommends:**
    (a) Provision of kaupapa Māori responses to addiction .Some of these should be residential and marae based
    (b) Increased provision of addiction services
    (c) Improved provision of adolescent addiction services, both generally and dealing with high end addictions
    (d) Provision of custodial medical detox facilities in recognition of the high proportion of arrests involving intoxicated individuals
    (e) Provision of alcohol treatment for our prison population
    (f) Multilingual addiction service provision so the clients can understand
    (g) Brief intervention services for those with more mild addictions
    (h) Government investigate the effectiveness of the Community Alcohol and Drug Service harm reduction approach.

13. **NZCCSS recommends:**
    (a) Public education campaigns supported by a clear evidence base.

14. **NZCCSS recommends**:
    (a) Any education for schools must have been shown to be effective in reducing alcohol related harm.

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APPENDIX ONE – About NZCCSS

NZCCSS Mission and Role

NZCCSS works for a just and compassionate society in Aotearoa New Zealand. We see this as a continuation of the mission of Jesus Christ. In seeking to fulfil this mission, we are committed to:

- giving priority to poor and vulnerable members of our society
- Te Tiriti ō Waitangi

The key roles of NZCCSS are to represent the common interests and vision of our members at the national level; to supply information and networking opportunities to support members provide quality services; and to develop, critique and advocate for policies that will assist poor, vulnerable and disadvantaged members of society.

A national Council, made up of two representatives from each denomination, governs NZCCSS.
A small Secretariat team carries out the day-to-day work of the Council. This includes gathering and distributing information, research on social policy issues, and building relationships with government officials and others working in the community sector.

A Policy Group oversees the policy and research work that NZCCSS does in three key areas: child and family, housing and poverty and services for older people. Each Policy Group is made up of at least two council representatives plus social services managers, academics or others with particular expertise in that area. This means that the work that NZCCSS does is well informed by what is happening in our members' communities.

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