A Scoping Project to determine Alcohol Related Harm Priorities for the Wairarapa

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For Community Alcohol Action Group

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Background

The Community Alcohol Action Group (CAAG)[1] is a group made up of representatives from Government and Non- Government Organisations who have a vested interest in reducing alcohol related harm and incidences in the Wairarapa Region. CAAG Members include;

- Te Hauora Runanga O Wairarapa Inc
- Compass Health Wairarapa
- Regional Public Health
- Police
- Supporting Families
- Wairarapa Road Safety Council
- ACC (Accident Compensation Corporation)
- Pathways
- Wairarapa Safer Community Trust
- SADD (Students against driving dangerously)

In addition to members are advisory members who attend meetings;

- Health Promotion Agency
- Hospitality NZ

Membership is considered open and approval for membership is generally via the group at a CAAG meeting.

Purpose of this document

This report has been commissioned by CAAG to:

1. Provide a summary of research evidence to stakeholders to inform planning which will underpin the development of the local Action Plan.
2. Review the current state of alcohol use, misuse and harm in the Wairarapa and compare this with wider New Zealand, including data, statistics and interviews with key Wairarapa personnel.
3. Develop an Action Plan identifying issues and opportunities.

[1] CAAG Terms of Reference 2015

Scope of the Project

This project has involved a review of recent literature, and one-to-one meeting with a variety of stakeholders over a period of January to May 2017. The work was primarily focused on the research and existing data however one-to-one meetings were held to try and identify issues particular to the Wairarapa that might not be identified in the statistics.

Harm in the project is defined widely and includes crime, damage, death, disease, disorderly behaviour, illness or injury, and harm to individuals or the community, either directly or indirectly caused by excessive or in appropriate alcohol consumption.

Executive Summary

The trends and issues identified during this Project appear to mirror those expressed in other parts of New Zealand:

- Some evidence towards a more sensible approach to alcohol consumption however there is still a high proportion of people drinking in a hazardous way and a culture of binge drinking.
- It is likely that nearly 19% of the population has hazardous drinking levels.
- Alcohol is important to the Wairarapa economy providing jobs and encouraging economic growth.
- Anecdotal evidence from police and parents indicate that bringing in a zero blood alcohol concentration for young people has had an impact on alcohol consumption, with less hazardous drinking and less drink driving.
- Parental and adult supply to underage drinkers is a concern across the region.
- Social sector trial information on young people aged 12-18 shows higher than national rates of stand downs and suspension due to alcohol and drugs.

- Crime statistics that are likely to be influenced by alcohol on the whole are higher than the rest of the Wellington region.
- Presentations to the emergency department due to alcohol are around 2% or an average over 1 person per day.
- Alcohol use and misuse needs to be viewed in the broader social context.
- There are many opportunities to influence a change in the drinking culture.
- The Health Promotion Agency (HPA) is a valuable resource for research, education and support and there could be greater use of its resources at a local level.

Summary of Literature Review

This section summarises some recent international, national and regional research on alcohol related harm. It provides an overview of the key issues as they relate to this project rather than a detailed literature review.

International Evidence

The World Health Organisation (WHO) states that it is well known that there is a causal relationship between alcohol consumption and a range of mental and behavioural disorders, including alcohol dependence, other non communicable conditions such as liver diseases, some cancers, cardiovascular diseases, as well as injuries resulting from violence and road accidents. More than this, harmful use of alcohol creates considerable negative health and social consequences for people other than the drinker.

Harmful use of alcohol is a causal factor in more than 200 diseases and injuries. In 2012, 5.1% of the global disease burden was due to the harmful use of alcohol, and an estimated 3.3 million people died from alcohol related conditions that year.[2]

[2] http://www.who.int/features/qa/66/en/

The World Health Organisation has developed a European Action Plan to reduce the harmful use of alcohol from 2012 through until 2020[3]. The Plan covers ten action areas including:

- Leadership, awareness and commitment
- Health services response
- Community and workplace action
- Drink driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol, and
- Monitoring and surveillance.

Active and continued enforcement of laws that prohibit the sale of alcohol to intoxicated persons is identified as an effective strategy to reducing alcohol related harm. Also of note is the Plan's comment and guidance on labeling alcoholic beverages in a similar manner to food stuffs, outlining the alcohol content, ingredients calories and potential health related warning so that complete information is provided as point of sale.

New Zealand

Sale of Liquor Act 1989

Over the past 20 years there has been an increase in the availability of alcohol in New Zealand. This is a result of the more liberal *Ùæ|^Á[-Á Šã ˘[¦ÁŒ&cÁFJÌ J* that relaxed New Zealand's alcohol legislation and licensing requirement. Over the same period there has been an increase in alcohol related harm.[4]

[3] http://www.euro.who.int/__data/assets/pdf_file/0008/178163/E96726.pdf

[4] Law Commission; Alcohol in our lives an Issues paper on the reform of New Zealand's liquor law; July 2009

Sale and Supply of Alcohol Act 2012

The [illegible] was implemented on 18 December 2013 and aimed to reduce alcohol related harm and provided communities with greater opportunities to influence New Zealand's drinking culture. This legislation included restrictions to the supply of alcohol to those under the age of 18, defined maximum trading hours for the sale of alcohol and allowed local authorities to develop a local alcohol policy (LAP).

The object of the [illegible] is to ensure that:

[illegible]

[illegible]

Law Commission - Alcohol in our Lives, an issues paper on the reform of New Zealand's Liquor Law[5]

The Law Commission reviewed the evidence on alcohol and concluded that an individual's risk of alcohol related harm is influenced by both the quantity and the frequency of their drinking (Law Commission, 2009, 2010).

- The risk of acute harm, such as a fall, accident injury, alcohol poisoning or criminal activity, is influenced by the amount someone drinks on a single occasion. The more someone drinks, and the more intoxicated they become, the greater their risk of acute harm.
- The risk of chronic harm, such as alcohol related cancers and liver disease, is influenced by the cumulative effects of alcohol over a longer period. The more someone drinks and the more often they drink over a lifetime, the greater their risk of chronic harm.

Alcohol consumption behaviours that are associated with greater harm outcomes include binge drinking (Drinking a large amount on a single occasion) and drinking to the point of intoxication. Countries like New

[5] Law Commission; Alcohol in our lives an Issues paper on the reform of New Zealand's liquor law; July 2009

Zealand where these behaviours are common, and even socially acceptable among some groups, tend to experience higher levels of acute alcohol related harm.

The Law Commission also concluded that the impact on Maori was disproportionate.
[illegible]

A detailed set of recommendations to reduce alcohol-related harm in New Zealand, based on international research evidence and tailored to the New Zealand policy environment, was put forward by the New Zealand Law Commission at the conclusion of an extensive review in 2010. Key elements of both the Global strategy and the Law Commission included:

- **Reducing the physical availability of alcohol.**
- **Increasing the price of alcohol.**
- **Reducing marketing and promotion of alcohol.**
- **Lowering the legal blood alcohol concentration (BAC) limit for driving.**
- **Raising the Alcohol purchase age.**

[6] J Connor and others The Burden of Death, Disease and Disability Due to Alcohol in New Zealand (ALAC Occasional Publication 23, Alcohol Advisory Council of New Zealand, Wellington, 2005) at 36; New Zealand Police National Alcohol Assessment (Wellington, 2009) at 60; Ministry of Health Alcohol Use in New Zealand: Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey (Ministry of Health, Wellington, 2009) at 185.

Binge Drinking

A key message heard by the Law Commission (2010) during the consultation phase for the Act was that "moderate drinkers should not be punished for the abuses of a minority" (p8). However with one-in-five New Zealanders reporting hazardous drinking patterns, the Law Commission (2010) suggested that intoxication and drinking large quantities of alcohol are not confined to a small minority of New Zealanders.

The Alcohol Advisory Council of New Zealand (ALAC) defines binge drinking as seven or more standard drinks in one session[7]. Other definitions of heavy drinking generally fall within the range of 4-6 drinks for females and 6-8 drinks for males[8]. Colegrave and Hoskins (2013)[9] concluded that acute alcohol related harm is predominantly linked to binge drinking exacerbated by "pre-loading", that is, drinking at a private residence before going out.

State of the Nation, Salvation Army 2015 - Encouraging Progress

The February 2015 Salvation Army, State of the Nation Report, A Mountain All Can Climb by Alan Johnson provides up to date national data on trends in New Zealand and covers alcohol as one of three common social hazards (along with gambling and illicit drugs). There was a slight decline in alcohol availability from 2013- 2014, on both a volume and per capita basis (Statistics NZ). The report concludes that there are indicators towards a more sensible approach to alcohol consumption within New Zealand however the proportion of people who drink in a hazardous way has changed little from previous years.[10]

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[7] Fryer, K., Jones, O. and Kalafatelis, E. (2011) ALAC Alcohol Monitor - Adults and Youth 2009 -10 Drinking Behaviours Report

[8] Law Commission; Alcohol in our lives an Issues paper on the reform of New Zealand's liquor law; July 2009

[9] Colegrave, F. and Hoskins, S. Costs and Benefits of the Draft Local Alcohol Policy (LAP). (2013) Commissioned by Christchurch City Council. Christchurch. (COVED is the company name)

[10] http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit/reports/a-mountain-all-can-climb

New Zealand Health Survey 2011/12

This survey found that[11]:

- 80% of adult New Zealanders consumed alcohol in the past 12 months, a reduction from 84% in 2006/07.
- One-in-five (19%) past-year drinkers had hazardous drinking patterns.
- Men (26% of past-year drinkers) are more likely to have hazardous drinking patterns than women (12% of past-year drinkers).
- Hazardous drinking among males fell from 30% to 26% between 2006/07 and 2011/12. There was no significant change for women over this period.
- Among past year drinkers, hazardous drinking was most common among both men and women aged 18-24 years.
- There was a reduction in hazardous drinking among young people (18-24 years) from 49% in 2006/07 to 36% in 2011/12.
- Men aged 18-34 years had a particularly high rate of hazardous drinking, at over 40%.
- There was a reduction in hazardous drinking among Māori adults from 33% in 2006/07 to 29% in 20011/12.

Health Impacts

Between 600 and 800 people in New Zealand have been estimated to die each year from alcohol-related causes[12]

Between 18% and 35% of injury-based emergency department presentations are estimated to be alcohol-related, rising to between 60% and 70% during the weekend[13].

[11] http://www.hpa.org.nz/what-we-do/alcohol#Source
[12] Connor,J.,Kydd, R., Rehm, J., Shield, K. (2013) Alcohol- attributable burden of disease and injury in New Zealand: 2004 and 2007. Research report commissioned by the Health Promotion Agency. Wellington, Health Promotion Agency
[13] Jones I, McElnay C. Robinson M. 2009. Alcohol related injury presentations. Public Health Report 6 (1).

Mental Health Perspective

The National Mental Health Indicators[14] reported on 2007/2008 data showed an unmet need for help with addiction. The report states that 1.9 percent of the population aged 16-64 years wanted help to reduce their alcohol or drug use in the previous 12 months but did not receive it. Pacific people, Maori and people from the most deprived neighbourhoods were significantly more likely than other groups to want help but not receive it. Males and younger people (16-24) were more likely to have wanted assistance to reduce their drinking and not received help.

Cancer and alcohol

Alcohol is a recognised carcinogen – it is known to increase the risk of several different types of cancer. This is based on assessments from the World Health Organization International Agency for Research on Cancer (IARC) Monograph Working Group. IARC is a group of expert scientists who review published studies and evaluate the evidence that alcohol increases the risk of cancer.

Alcohol increases the risk of developing cancers of:

- mouth, throat and voice box
- oesophagus (food pipe)
- large bowel and rectum
- breast (in women)
- liver.

The risk of developing cancer increases with a higher use of alcohol.[15]

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[14] National Indicators 2011; Measuring mental health and addiction in New Zealand; Mental Health Commission

[15] http://www.alcohol.org.nz/alcohol-its-effects/health-effects/alcohol-related-health-conditions/cancer

Crime and violence
The New Zealand Police (New Zealand Police, 2010)[16] estimates that:

- Approximately one third of all Police apprehensions involve alcohol.
- Half of serious violent crimes are related to alcohol.
- Over 300 alcohol related offences are committed every day.
- Each day 52 individuals or groups of people are either driven home or detained in police custody because of intoxication.

Drink Driving
In 2012 driver alcohol was a contributing factor in 73 fatal crashes, 331 serious injury crashes and 933 minor injury crashes. These crashes resulted in 93 deaths, 454 serious injuries and 1331 minor injuries.

Social Cost
A 2009 study, applying a methodology endorsed by New Zealand put the social cost of alcohol to New Zealand at $4.9 billion in 2005/06[17] . However, previous estimates have ranged from $735 million to $16.1 billion.[18]

Public Health Implications
A 2013 paper[19] which summarised the alcohol attributable burden of disease states, alcohol consumption is a major risk factor for the burden of disease and injury. No level of alcohol consumption is without risk, although high average consumption and frequency of heavy drinking occasions are associated with the most risk of harm to the drinker and to

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[16] New Zealand Police. (2010). Framework for preventing and reducing alcohol-related offending and victimisation 2010-2014. Wellington: NEw Zealand POlice. http://www.police.govt.nz/about-us/publication/online-version/framework-preventing-and-reducing-alcohol-related-offending
[17] Berl. 2009. Costs of Harmful Alcohol and Other Drug Use. Wellington: Business and Economic Research Limited.
[18] Law Commision. (2009). Alcohol in our lives: an issues paper on the reform of New Zealand's liquor laws. Wellington: Law Commission (p16)
[19] Connor,J., Kydd, R., Shield, K., & Rehm, J. (2013). Alcohol -attributable burden of disease and injury in New Zealand: 2004 and 2007. Research report commissioned by the Health Promotion Agency. Wellington: Health Promotion Agency. http://www.alcohol.org.nz/sites/default/files/research-publications/pdfs/Attributable%20fractions/20Final.pdf

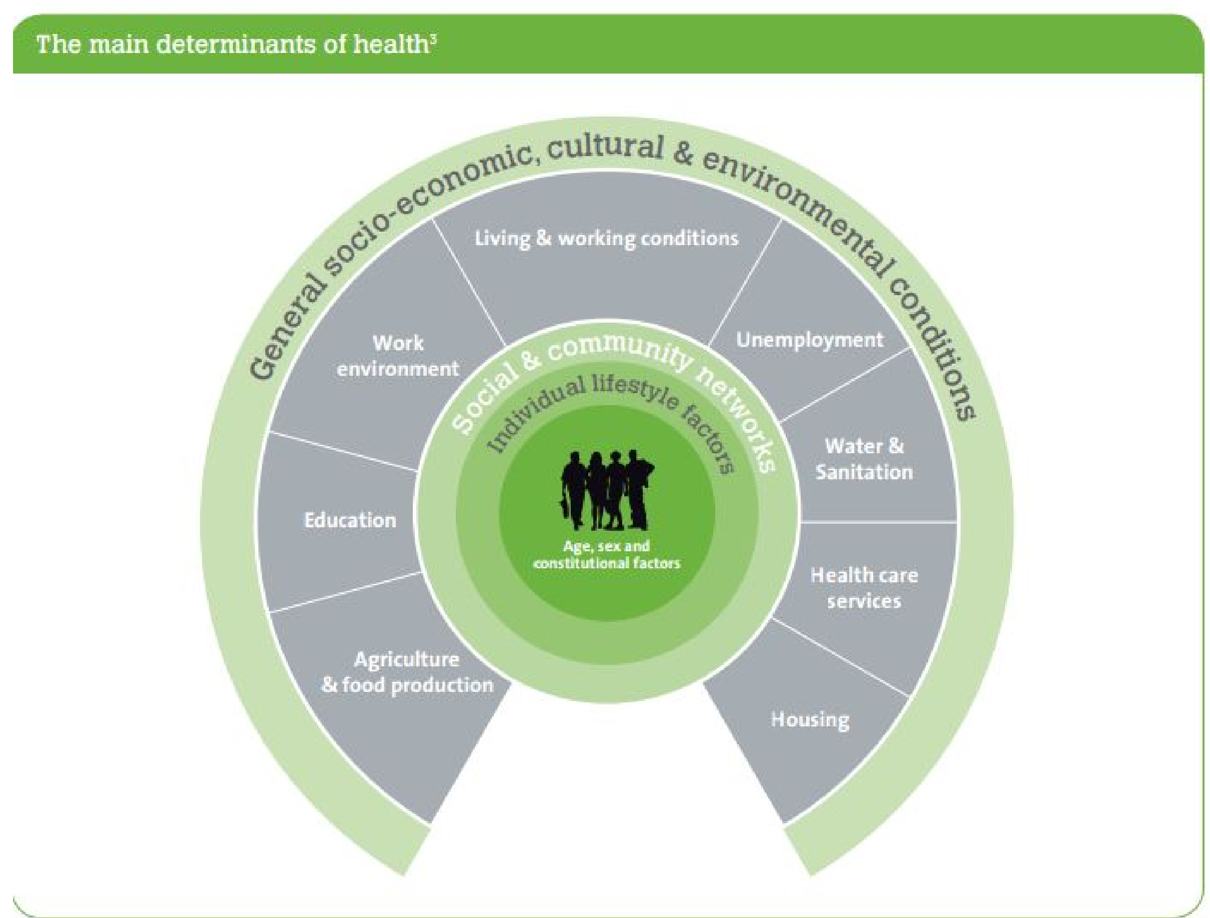
others. The main messages from the previous report are upheld by the current analysis.

1. There are no health benefits of drinking before middle age, and benefits in later life are uncertain.
2. The pattern of drinking is very important in determining the health effects of alcohol consumption.
3. Injury is responsible for a large proportion of the alcohol burden: 43% of alcohol attributable deaths, 63% of years of life lost and 36% of DALYs (Disability Adjusted Life Years) lost due to alcohol.
4. There is a huge burden of disability due to alcohol use disorders that is not reflected in mortality figures.
5. The health burden of alcohol falls inequitably on Māori.
6. The health of men as measured in this study is more affected by alcohol than the health of women. This may not apply to health impacts that are outside this study.

Determinants of Health[20]

Alcohol use or misuse does not sit in isolation from broader social issues. A public health perspective of looking at it is with the social determinants of health. Factors influencing health and wellbeing, and individual and population health status is largely the result of the social, cultural and physical environment in which we live (Dahlgren & Whitehead, 1991). Factors such as the state of our environment, access to resources to meet our basic needs, our exposure to risks and capacity to cope with these, our income and education level, and our social network of relationships with friends, family and neighbours all have considerable impacts on health and wellbeing. Understanding these factors, commonly referred to as the 'determinants of health', can help in developing policies and programmes that contribute to a change in the population's health (ALAC, 2007).

[20] Guidelines for conducting a health impact assessment for local alcohol planning; April 2013; Health Promotion Agency.



Adapted from Dahlgren & Whitehead, 1991. Examples of determinants of health specific to alcohol consumption include:

- General socioeconomic, cultural and environmental conditions – for example, does our position in society and/or income contribute to alcohol misuse; does public policy support healthy drinking behaviour; what cultural norms surround our drinking patterns?
- Living and working conditions – for example, is alcohol being used as an escape from a bad home situation or from stress in the workplace?
- Social and community factors – for example, does alcohol feature as an important part of our socialising; how available is alcohol within the local community; is our game of touch rugby finished with a few drinks?

- Individual lifestyle factors – for example, do we drink each night of the week; is Friday night a big drinking occasion?
- Age, sex and hereditary factors – for example, are we male and between the ages of 14 and 25; is there a family history of alcohol dependence? (ALAC, 2007).

Other examples include:

- alcohol-related crime
- alcohol intake
- perception of safety
- injury
- expenditure on health services
- litter, and
- intoxication in public places.

Regional Information

Position statement on reducing alcohol related harm
Wairarapa DHB, Hutt Valley DHB, Capital & Coast DHB; Regional Public Health.

Some key points from the position statement are:

- 82% of New Zealand women report consuming alcohol prior to conception and 34% report drinking during pregnancy.[21]
- Hazardous drinking is more common in the most deprived areas of New Zealand and there is a clear association between overall alcohol outlet density and socioeconomic deprivation, with more alcohol outlets situated in deprived areas[22].
- In the Wellington Region 22% of men and 11% of women have a hazardous drinking pattern scoring 8 or more on the 10 question AUDIT test [23].

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[21] Mallard S, Connor J, Houghton L. 2013 Maternal factors associated with heavy periconceptional alcohol intake and drinking following pregnancy recognition: A postpartum survey of New Zealand women. Drug and Alcohol review vol 32 issue 3.

[22] Connor, J. L., K. Kypri, et al. (2010) Alcohol outlet density, levels of drinking and alcohol -related harm in New Zealand: a national study. Journal of epidemiology and community health 65 (10): 841-846

[23] Ministry of Health (2013) Regional results from the 2011/12 New Zealand Health Survey http:www.health.govt.nz/publication/regional-results-2011/12-new-zealand- health-survey

“What’s the Harm? - A study of drug and alcohol use and related harm for young people in the Hutt Valley - Regional Public Health, CAYAD Community Action on Youth and Drugs”

This study found that family, peer pressure, domestic violence and wider New Zealand culture play an important part in influencing young people’s drug and alcohol use.

Alcohol and cannabis are the two most common drugs for high risk young people in the Hutt Valley; this was across all ages, ethnicities and genders. Other drugs that are a cause for concern are volatile substances, synthetic cannabis, Ritalin and other pharmaceutical drugs.

There are a number of factors contributing to drug and alcohol use. These include:

Influence of wider culture:

- Influence of school system
- Influence of media portrayal of NZ’s drinking culture
- Use of drugs and alcohol to cope with life, and
- Influence of family/whanau.

Influence of family/whanau:

- Home environment
- Domestic violence
- Parenting style and boundaries, and
- Family support/whanau awhina.

Influence of Gangs

Influence of peers and youth culture:

- Normalisation of drinking and drug taking

- Influence of peers
- Use of entertainment, and
- Use for socialising.

Wairarapa

Wairarapa - Perception of Harm and Benefits

Prior to the development of the Local Alcohol Policy (LAP), there was a Wairarapa Community Alcohol Survey.[24] This was a self selected survey and 1938 surveys were returned.

Participants were asked to indicate the extent to which alcohol contributes to a range of positive outcomes in our community.

- Overall participants perceived alcohol to make at least a MODERATE contribution to the range of outcomes that were listed. These included: Sense of community; Enjoyment at social gatherings; Enjoyment of events.
- For tourism just over half (51.18%) of respondents indicated they thought alcohol made a MAJOR contribution.

Participants were asked to indicate the extent to which alcohol contributes to a range of negative outcomes in our community.

- Respondent's perceived alcohol as making a MAJOR contribution to a range of negative outcomes, especially Family/Domestic Violence (80.14%); Other Violent crimes (79.34%) and Anti-Social Behaviour (73.45%).

Participants were then asked to indicate their perception of the overall impact of alcohol in our community.

- Almost half of all respondents (49.49%) felt the overall impact of alcohol was negative; 26.43% thought it was neutral and 20.72% perceived a positive impact overall.

Wairarapa - Alcohol Consumption

Data related to alcohol consumption in the Wairarapa from the Wairarapa Community Alcohol Survey includes:

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[24] http://www.swdc.govt.nz/sites/default/files/DCAG27Aug14D2AdoptionofLAP.pdf

- Most Wairarapa Community Alcohol Survey respondents (87.7%) reported that they do consume alcohol.
- The most common alcohol consumption pattern was “usually 2-3 days per week” (25.7%). A minority (11.5%) reported consuming alcohol every day.
- The majority reported usually consuming 1 or 2 alcohol drinks (68.7%) when they do drink alcohol. In total 91.9% reported consuming 4 or less alcoholic drinks when they do consume alcohol.
- The Wairarapa Community Alcohol Survey identified trends similar to those identified by HPA, including the frequency and quantity of alcohol consumed, with younger people reporting drinking less frequently but consuming more alcohol when they did choose to drink.
- Approximately one quarter of respondents aged 25 and under indicated that they usually consumed 7 or more drinks compared to only 2.4% of all respondents. These figures are lower than HPA found when looking at data for New Zealand.
- Wairarapa respondents reported purchasing most of the alcohol they consume from a supermarket followed by a bottle store. This trend was reversed however for those aged 25 and under.
- Most respondents aged 25 and under reported purchasing most of the alcohol they consume at a bottle store.
- Similar to national research, Wairarapa respondents reported consuming most of the alcohol they purchase at home, though those aged 25 and under were twice as likely to indicate they consumed most of the alcohol they purchased in a pub or bar.
- Comments and feedback from the youth forums suggest binge drinking is an issue for Wairarapa youth. There were many references to binge drinking and intoxication.
- In 2007/08, hazardous drinking at the DHB level was slightly lower for the Wairarapa than the NZ average - 18.7% vs 19.6%.

Wairarapa - Emergency Department

Senior medical staff at Wairarapa District Health Board report that the outcomes of harmful drinking take up Emergency Department time and resources. Drunk patients are often uncooperative and abusive. As well as intoxication, harmful drinking has a role in a proportion of the trauma, self-harm, mental illness, depression, attempted suicide, sexually transmitted disease, unwanted pregnancy, non accidental injury of children, family violence and general morbidity that presents at ED.

People that come into ED are asked two questions in regard to alcohol;

1. Has the person consumed alcohol in the 24 hours prior to the injury/illness?
2. Is the presentation alcohol related yes/no?

A summary of the information by month is below.

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Has the person consumed alcohol in 24 hours prior to the injury/illness

Year	Month	No/Blank	Yes	Grand Total	As a %
2014	4	1555	224	1779	12.6%
	5	1472	202	1674	12.1%
	6	1586	213	1799	11.8%
	7	1633	170	1803	9.4%
	8	1584	169	1753	9.6%
	9	1537	165	1702	9.7%
	10	1524	203	1727	11.8%
	11	1533	180	1713	10.5%
	12	1499	293	1792	16.4%
2014 Total		13923	1819	15742	**11.6%**
2015	1	1530	279	1809	15.4%
	2	1489	197	1686	11.7%
	3	1525	211	1736	12.2%
	4	1454	210	1664	12.6%
	5	1493	206	1699	12.1%
	6	1532	174	1706	10.2%
	7	1652	170	1822	9.3%
	8	1637	141	1778	7.9%
	9	1439	159	1598	9.9%
	10	1563	181	1744	10.4%
	11	1571	214	1785	12.0%
	12	1500	238	1738	13.7%
2015 Total		18385	2380	20765	**11.5%**
2016	1	1506	258	1764	14.6%
	2	1453	197	1650	11.9%
	3	1531	179	1710	10.5%
	4	1443	174	1617	10.8%
	5	1641	185	1826	10.1%
	6	1502	195	1697	11.5%
	7	1563	166	1729	9.6%
	8	1645	165	1810	9.1%
	9	1655	143	1798	8.0%
	10	1574	182	1756	10.4%
	11	1617	200	1817	11.0%
	12	1660	239	1899	12.6%
2016 Total		18790	2283	21073	**10.8%**
2017	1	1542	269	1811	14.9%
	2	1364	210	1574	13.3%
2017 Total		2906	479	3385	**14.2%**

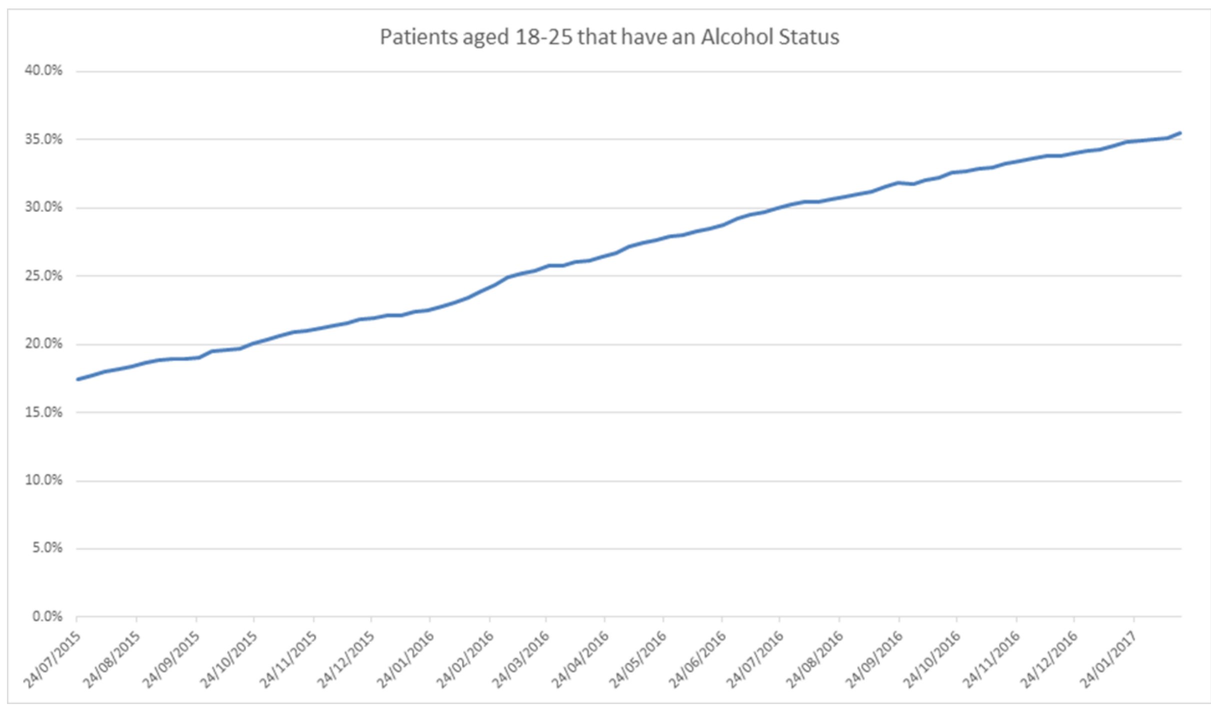
Is this presentation alcohol related Yes/No

Year	Month	No/Blank	Yes	Grand Total	As a %
2014	4	1746	33	1779	1.9%
	5	1639	35	1674	2.1%
	6	1764	35	1799	1.9%
	7	1761	42	1803	2.3%
	8	1724	29	1753	1.7%
	9	1660	42	1702	2.5%
	10	1688	39	1727	2.3%
	11	1678	35	1713	2.0%
	12	1743	49	1792	2.7%
2014 Total		15403	339	15742	**2.2%**
2015	1	1775	34	1809	1.9%
	2	1645	41	1686	2.4%
	3	1709	27	1736	1.6%
	4	1634	30	1664	1.8%
	5	1662	37	1699	2.2%
	6	1684	22	1706	1.3%
	7	1799	23	1822	1.3%
	8	1757	21	1778	1.2%
	9	1557	41	1598	2.6%
	10	1704	40	1744	2.3%
	11	1743	42	1785	2.4%
	12	1695	43	1738	2.5%
2015 Total		20364	401	20765	**1.9%**
2016	1	1721	43	1764	2.4%
	2	1617	33	1650	2.0%
	3	1679	31	1710	1.8%
	4	1589	28	1617	1.7%
	5	1796	30	1826	1.6%
	6	1674	23	1697	1.4%
	7	1695	34	1729	2.0%
	8	1765	45	1810	2.5%
	9	1766	32	1798	1.8%
	10	1712	44	1756	2.5%
	11	1771	46	1817	2.5%
	12	1870	29	1899	1.5%
2016 Total		20655	418	21073	**2.0%**
2017	1	1768	43	1811	2.4%
	2	1537	37	1574	2.4%
2017 Total		3305	80	3385	**2.4%**

The above table shows that between 1.9% and 2.4%, or roughly 400 presentation to ED each year are alcohol related. This is roughly 8 presentations each week, or on average over 1 each day.

This information is not audited and may be underreported given national research suggests between 18-35% ED presentations are alcohol related.

Wairarapa- General Practice
Some alcohol data is collected by the 7 Wairarapa general medical practices regarding alcohol status and brief advice given. Practices collect this data as it is a 'quality measure'. It is not something that they have to do. This data has only been collected for the last 18 months (starting on 24 July 2015) so it is not really possible to run comparisons or analysis of this data. But it is a start and in time this will be possible. The positive thing is to see the increase in recording of alcohol status shown on the graphs.



The below graph shows that when people 18-25years are drinking above the recommended level, GPs are increasing the percentage of people they are giving brief advice to with approximately 80% receiving the advice. This reflects the fact that PHO and GPs recognise the importance of identifying and advising young people who are drinking above recommended levels.

GPs are incentivized to give brief advice to 18-25 year-olds.

Below is a summary of numbers of brief advice given by GPs to patients in regard to their alcohol intake.

Age Group	**1st quarter of 2015**	**2nd quarter of 2015**	**3rd quarter of 2015**	**4th quarter of 2015**	**1st quarter of 2016**	**2nd quarter of 2016**	**3rd quarter of 2016**	**4th quarter of 2016**	**Total**
12-19	3	27	29	20	19	24	23	18	163
20-24	5	33	36	29	35	24	24	14	200
25-44	16	176	147	99	138	110	99	58	843
45-64	43	243	245	188	235	221	177	104	1456
65+	24	167	182	104	170	127	100	57	931
Total	91	646	639	440	597	506	423	251	3593
Ethnic Group	**1st quarter of 2015**	**2nd quarter of 2015**	**3rd quarter of 2015**	**4th quarter of 2015**	**1st quarter of 2016**	**2nd quarter of 2016**	**3rd quarter of 2016**	**4th quarter of 2016**	**Total**
Asian	0	3	7	6	5	5	2	2	30
European	77	512	539	359	492	421	359	200	2959
Maori	12	108	73	58	76	71	47	45	490
Other	0	19	20	11	16	3	6	0	75
Pacific	2	4	0	6	7	6	9	4	38
Unknown	0	0	0	0	1	0	0	0	1
Total	**91**	**646**	**639**	**440**	**597**	**506**	**423**	**251**	**3593**
Gender	**1st quarter of 2015**	**2nd quarter of 2015**	**3rd quarter of 2015**	**4th quarter of 2015**	**1st quarter of 2016**	**2nd quarter of 2016**	**3rd quarter of 2016**	**4th quarter of 2016**	**Total**
F	**36**	**327**	**287**	**177**	**278**	**221**	**185**	**107**	**1618**
M	**55**	**319**	**352**	**263**	**319**	**285**	**238**	**144**	**1975**
Total	**91**	**646**	**639**	**440**	**597**	**506**	**423**	**251**	**3593**

Wairarapa - Mental Health Impacts

Approximately 15% of Masterton, 18% of Carterton and 13% of South Wairarapa mental health clients that commenced treatment during 2008 were seen by alcohol and drug teams[25]. This compared to 18%

[25] Ministry of Social Development (2011). Masterton Community Profile for the Community Response Model Forum, May 2011; Ministry of Social Development (2011). Carterton Community Profile for the Community Response Model Forum, May 2011; Ministry of Social Development (2011). South Wairarapa Community Profile for the Community Response Model Forum, May 2011;

nationally. The Wairarapa DHB Health Needs Assessment (2008) identified the use of alcohol as the third most common cause of mental health hospital admission overall, and the second most common cause for Wairarapa Maori.

CareNZ recently confirmed that alcohol is still a key issue for Wairarapa residents.

Wairarapa - Density

As at July 2011, the Wairarapa had more licensed premises per 10,000 than the New Zealand average, with the exception of on-licensed premises in Masterton.[26] The number and density of licensed premises needs to be considered in the local context. The Wairarapa is acknowledged and recognised as a wine producing region, particularly South Wairarapa. The wine industry in the Wairarapa contributes to the economy offering employment opportunities and attracting tourism to the district. ACC no longer includes density data in their community profiles.

Wairarapa - Deaths and Injuries

ACC (2012) provides “at a glance “ community alcohol profiles at the District Council level. They show alcohol related deaths and alcohol related injury hospital discharges in both Masterton and South Wairarapa were higher than the New Zealand average.[27]

Wairarapa Youth - Social Sector Trial, Youth 12-18 years

The Wairarapa Social Sector trial took place between 2013- 2015. The Social Sector Trials involved the Ministries of Social Development, Justice, Education and Health and the New Zealand Police working together to trial a change in the way social services are delivered to improve outcomes for young people aged 12-18 years.

The outcomes the Social Sector Trials were seeking to achieve were:

[26] http://www.swdc.govt.nz/sites/default/files/DCAG27Aug14D2AdoptionofLAP.pdf
[27] http://www.swdc.govt.nz/sites/default/files/DCAG27Aug14D2AdoptionofLAP.pdf

- Increase numbers of young people in education, training or employment
- Reduce offending by young people;
- Reduce truancy; and
- **Reduce levels of alcohol and other drug use by young people.** [28]

The table below summarizes information collected in Wairarapa to measure the use of alcohol and other drug use by young people.

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Social Sector Trial Area	2009		2010		2011		2012		2013	
	Count	Proportion	Count	Proportion	Count	Proportion	Count	Proportion	Count	Proportion
Gisborne Urban Area	88	32.4	72	27.9	54	26.9	24	12.2	14	9.3
Gore	x	x	5	3.1	x	x	0	0.0	10	12.5
Horowhenua	10	8.5	8	6.8	23	12.1	11	5.6	x	x
Kaikohe	12	22.2	10	22.2	6	19.4	11	25.6	37	27.6
Kawerau	21	27.3	x	x	x	x	x	x	0	0.0
Porirua City	38	13.7	35	15.8	14	5.6	46	21.9	36	18.9
Ranui	14	2.7	17	3.1	28	8.9	18	5.5	x	x
Rotorua District	28	18.1	29	16.4	46	28.0	47	26.7	7	6.3
South Dunedin	5	2.8	7	5.2	6	5.0	0	0.0	x	x
South Taranaki	9	5.1	17	10.7	11	9.2	5	5.7	14	14.3
South Waikato	25	9.9	38	16.7	29	12.8	32	14.0	23	12.2
Taumarunui	x	x	0	x	0	0.0	0	0.0	0	0.0
Waikato	46	19.0	39	14.1	28	10.3	18	5.5	14	5.2
Wairarapa	55	16.1	36	10.5	58	17.2	33	11.6	41	14.2
Waitomo	x	x	x	x	x	x	0	0.0	6	13.0
Whakatane	6	8.8	16	10.6	16	13.8	17	12.2	7	8.5
NZ Total	2241	11.1	2325	11.9	1955	11.1	1849	11.1	1761	11.4

Wairarapa had higher than the average New Zealand stand downs for drug and alcohol use for four of the five years.

[28] https://www.swdc.govt.nz/wairarapa-social-sector-trial-sst

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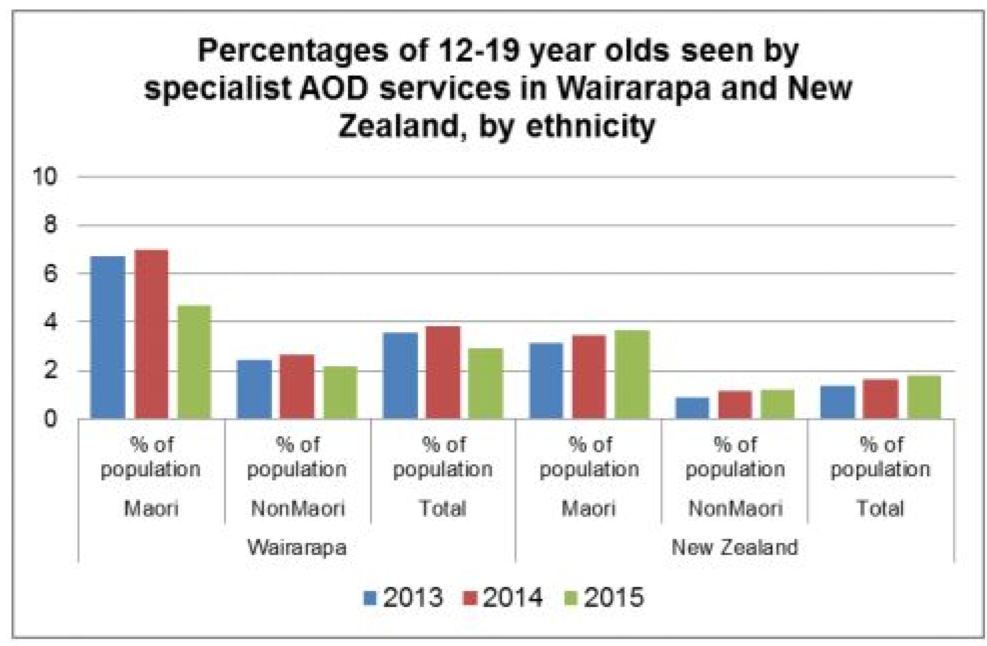
Social Sector Trial Area	2009		2010		2011		2012		2013	
	Count	Proportion	Count	Proportion	Count	Proportion	Count	Proportion	Count	Proportion
Gisborne Urban Area	8	16.0	x	x	x	x	x	x	x	x
Gore	x	x	9	22.0	x	x	x	x	x	x
Horowhenua	x	x	x	x	8	17.0	11	31.4	x	x
Kaikohe	x	x	x	x	0	0.0	x	x	x	x
Kawerau	0	0.0	x	x	x	x	6	33.3	11	34.4
Porirua City	13	19.7	11	22.9	x	x	x	x	6	24.0
Ranui	28	28.6	27	31.8	25	47.2	13	31.0	x	x
Rotorua District	52	37.7	61	53.5	49	45.4	62	45.9	55	56.7
South Dunedin	x	x	x	x	11	55.0	x	x	x	x
South Taranaki	x	x	7	17.1	x	x	x	x	6	27.3
South Waikato	9	11.8	7	13.2	x	x	12	28.6	31	45.6
Taumarunui	x	x	5	9.6	0	0.0	x	x	0	0.0
Waikato	28	43.1	16	20.8	12	19.0	7	11.9	22	35.5
Wairarapa	14	25.9	12	23.5	23	30.7	14	35.9	18	31.6
Waitomo	8	42.1	10	45.5	x	x	7	70.0	x	x
Whakatane	18	33.3	18	54.5	x	4.8	15	35.7	x	x
NZ Total	1198	25.2	1254	29.7	916	24.4	866	25.8	866	28.1

Wairarapa had a higher than the New Zealand average proportion of suspensions for alcohol and drugs for four of of the five years.

The Wairarapa percentage of young people seen by specialist AOD (Alcohol or Drug) services was 1.6 times the national average, see below graph.[29]

[29] Report of Survey interviews held with representatives of Service and Educational Organisations for the Wairarapa for snapshot and mapping: Peter King and Charles Waldegrave, Family Centre, Social Policy Research Unit, Prepared for the Social Sector Trial, 31 August 2015

Figure 4. Percentages of Wairarapa 12-19 year olds seen by specialist AOD services, August 2012 to June 2014[8]



In the Social Sector Trial alcohol and drug use by young people was widely identified as a primary area of concern. In particular self-medication and a culture of family substance use were identified, with alcohol and drug use dependency being seen to be affecting both parents and youth. When young people's parents and families abused alcohol and drugs it was very hard for them not do likewise.

Below is from the SST of things that helped young people.

Things the organisations did that helped young people with their problems

Twenty one survey interviewees and each of the focus groups identified ways in which they had been helped by the organisations they dealt with. These related to dealing with alcohol and drug use, advocacy, behaviour, engagement in useful activities, practical assistance and support. Interviewees' accounts of the support they received are summarised below.

Alcohol and drug counseling (A&D)

A&D counselling was credited with helping one interviewee complete a Family Group Conference (FGC) plan. For another, the seven A&D counselling sessions he was given exposed him to some educational DVDs that made him think that he don't want to be like the people in them, and even now he could remember them clearly. He said he was encouraged and praised throughout this process and had stopped smoking marijuana fully by the start of year 11.

Other programmes and activities that were identified as being helpful were: mentoring programmes, reparations activities, community hours, work experience, overnight camps, the Pukaha trapping programme, Kip McGrath tutoring, and the Tuakana/Teina programme.

One of the focus groups emphasized the help they had received from their school with alcohol and drug counselling. The school had an open door which participants said made them accountable for the decisions they made. The school also organises other places for young people to access help, like Whaiora, when it is closed on weekends or for the holidays. They offer helpful pamphlets and even when they telephone their families to inform them of drug and alcohol use, it acts as a deterrent.

Wairarapa Youth - Wairarapa Safer Community Trust Health and Wellbeing Survey

A survey of 128 rangatahi[30] aged between 12-21 by the Wairarapa Safer Community Trust during 2016 showed eighty-seven percent of rangatahi have drunk alcohol at some stage in their lives. The median age of rangatahi having their first alcoholic beverage was 13 years old. One rangatahi was only 5 years old when they had their first taste of alcohol while two others waited until they were 17 years old.

Rangatahi have a variety of supports available to them if they have concerns about their drinking behaviour. Rangatahi identified their friends and parents as primary sources of support. Other whānau members were the next form of support. Many rangatahi reported that they would not seek help if they had concerns or problems.

[30] http://www.waisct.org.nz/downloads/Wairarapa-Safer-Community-Trust-Report-2017.pdf

Wairarapa Crime and alcohol

As part of the review we looked at the rates of the two crime categories most commonly associated with excessive alcohol use - acts intended to cause injury (primarily assaults), and public order offences. They show that Wairarapa rates are higher than the regional and national rates.

ACTS INTENDED TO CAUSE INJURY

Area Description	Recorded 2013	Recorded 2014	Variance 2013-2014	Recorded per 10,000 pop 2013	Recorded per 10,000 pop 2014	Per 10,000 pop % Variance 2013 to 2014	Resolved 2013	Resolved 2014	Resolution Rate 2013	Resolution Rate 2014
Hutt Valley	1,040	1,197	15.1 %	73.0	83.4	14.3 %	638	647	61.3 %	54.1 %
Kapiti-Mana	810	1,089	34.4 %	73.4	97.9	33.4 %	593	700	73.2 %	64.3 %
Wairarapa	404	468	15.8 %	95.4	109.5	14.7 %	255	298	63.1 %	63.7 %
Wellington	1,199	1,450	20.9 %	65.4	78.0	19.4 %	785	920	65.5 %	63.4 %
	3,453	**4,204**	**21.7 %**	**72.2**	**87.0**	**20.6 %**	**2,271**	**2,565**	**65.8 %**	**61.0 %**

During 2013 and 2014 Wairarapa's rate of acts intended to cause injury per 10,000 was 95.4 and 109.5 respectively with the regional average being 72.2 and 87 respectively. [31] The national average for 2014 was 88.6.[32]

PUBLIC ORDER OFFENCES

Area Description	Recorded 2013	Recorded 2014	Variance 2013-2014	Recorded per 10,000 pop 2013	Recorded per 10,000 pop 2014	Per 10,000 pop % Variance 2013 to 2014	Resolved 2013	Resolved 2014	Resolution Rate 2013	Resolution Rate 2014
Hutt Valley	804	762	-5.2 %	56.4	53.1	-5.9 %	513	377	63.8 %	49.5 %
Kapiti-Mana	673	568	-15.6 %	61.0	51.1	-16.2 %	517	357	76.8 %	62.9 %
Wairarapa	371	361	-2.7 %	87.6	84.4	-3.7 %	264	223	71.2 %	61.8 %
Wellington	1,748	1,147	-34.4 %	95.3	61.7	-35.2 %	1,527	909	87.4 %	79.3 %
	3,596	**2,838**	**-21.1 %**	**75.1**	**58.7**	**-21.8 %**	**2,821**	**1,866**	**78.4 %**	**65.8 %**

During 2013 and 2014 Wairarapa's rate of Public Order Offences per 10,000 was 87.6 and 84.4 respectively with the regional average being 75.1 and 58.7 respectively. The national average for 2014 was 59.3.[33]

We also looked at the rate of illicit drug use, see below.

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[31] http://www.police.govt.nz/sites/default/files/publications/crime-stats-national-20141231.pdf

[32] WELLINGTON DISTRICT CRIME STATISTICS 2014 A Summary of Recorded and Resolved Offence Statistics ISSN 1178 - 1610.
http://www.police.govt.nz/sites/default/files/publications/crime-stats-wellington-20141231.pdf

[33] http://www.police.govt.nz/sites/default/files/publications/crime-stats-national-20141231.pdf

ILLICIT DRUG OFFENCES

Area Description	Recorded 2013	Recorded 2014	Variance 2013-2014	Recorded per 10,000 pop 2013	Recorded per 10,000 pop 2014	Per 10,000 pop % Variance 2013 to 2014	Resolved 2013	Resolved 2014	Resolution Rate 2013	Resolution Rate 2014
Hutt Valley	274	246	-10.2 %	19.2	17.1	-10.9 %	249	230	90.9 %	93.5 %
Kapiti-Mana	300	1,002	234.0 %	27.2	90.1	231.4 %	277	974	92.3 %	97.2 %
Wairarapa	153	145	-5.2 %	36.1	33.9	-6.2 %	132	125	86.3 %	86.2 %
Wellington	430	731	70.0 %	23.4	39.3	67.8 %	367	681	85.3 %	93.2 %
	1,157	**2,124**	**83.6 %**	**24.2**	**44.0**	**81.8 %**	**1,025**	**2,010**	**88.6 %**	**94.6 %**

During 2013 and 2014 Wairarapa's rate of illicit drug offences per 10,000 was 36.1 and 33.9 respectively with the regional average being 24.2. and 44 respectively. The national rate during 2014 was 36.7[34]

Wairarapa - Road Safety

Alcohol related crashes are an area of high concern and identified as a major road safety issue throughout the Wairarapa. For South Wairarapa and Carterton District Councils the number of alcohol related crashes are higher than National Average.

In 2014, there were 233 Alcohol/Drug Driving Offences in Wairarapa. 94 of those offences were people driving with a breath alcohol level over 400 mcgs per litre of breath.[35]

Wairarapa - Suicides

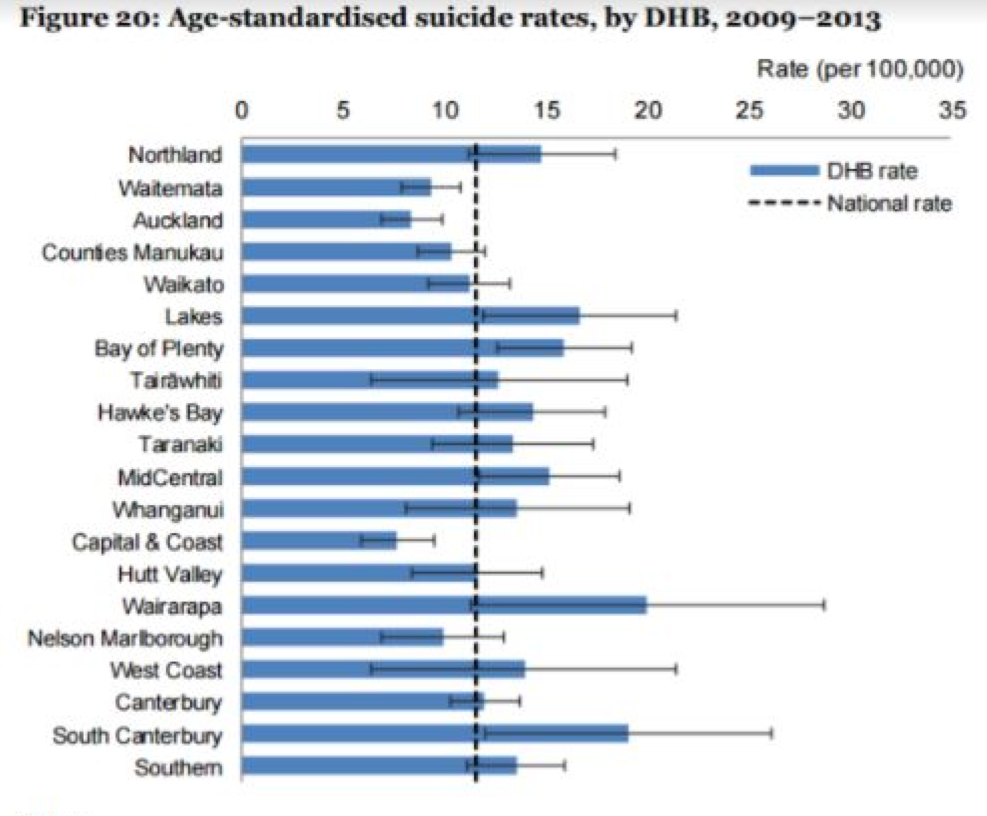
The World Health Organisation states that "the link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries".[36]

Some research suggests that up to 21% of alcoholics may die by suicide. And that almost a quarter of those who die by suicide will be intoxicated with alcohol at the time of death.[37]

[34] http://www.police.govt.nz/sites/default/files/publications/crime-stats-national-20141231.pdf
[35] Wairarapa Road Safety Council http://www.wairsc.org.nz/services/
[36] http://www.who.int/mediacentre/factsheets/fs398/en/
[37] http://alcoholrehab.com/alcoholism/binge-drinking-increases-suicide-risk/

The Ministry of Health publishes annual suicide statistics with the most recent being 2013.[38] The below graph shows a high rate of suicides in the Wairarapa, however as the numbers are small it is not statistically significant from the average, see third note below.

Figure 20: Age-standardised suicide rates, by DHB, 2009–2013



Notes:

Rates are expressed per 100,000 population and age standardised to the WHO World Standard Population.

Error bars represent 99% confidence intervals.

If a DHB region's confidence interval does not overlap the national suicide rate, the DHB rate is either statistically significantly higher or lower than the national rate.

Source: New Zealand Mortality Collection

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38 www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/suicide-facts-deaths-and-intentional-self-harm-hospitalisation-series

Wairarapa Councils LAP

Pursuant to Section 80 of the [illegible], Masterton, Carterton and South Wairarapa District Councils have adopted the Provisional Wairarapa Local Alcohol Policy (LAP)[39]. Key aspects of the sale of alcohol that are altered by the LAP include:
Maximum trading hours for specified licence categories:

- All Off-Licences: 7am until 10pm.
- All On Licences: 8am until 1am the following day.
- All Club Licences: Case by case but will generally not exceed 8am until 11pm for sports clubs, and 8am until 1am the next day for other clubs.
- Discretionary conditions for all licence types.

Potentially Higher Risk Areas

The Wairarapa Alcohol Working Group which considered the LAP submission, summarised areas within the Wairarapa that may be at greater risk of alcohol related harm include Masterton East and Featherston, based on key Ministry of Health (2013) findings around deprivation.

- Masterton East has a younger population and a higher proportion of young people compared to the rest of the Wairarapa. Younger people were identified as a higher risk population.
- Both areas have a higher proportion of Maori, and in Masterton East, Pacific Island people too.
- Both have higher rates of unemployment compared to the rest of the Wairarapa and New Zealand.
- Both have a higher proportion of households whose income is in the lowest quartile.
- Masterton East also has a much higher proportion of one parent families.
- Both are amongst the most deprived in the Wairarapa and New Zealand.[40]

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[39] https://www.swdc.govt.nz/sites/default/files/Provisional%20Wairarapa%20Local%20Alcohol%20Policy%20Package.pdf

[40] South Wairarapa District Council 27 August 2014; Wairarapa Alcohol Working Group-Adoption of Draft Local Alcohol Policy For Consultation.

Wairarapa - Alcohol Accord
Wairarapa does not have an Alcohol Accord.

Positive Alcohol related outcomes
Tourism in the Wairarapa
Alcohol related attractions include:

- Major events - The Wairarapa hosts some major events of both national and international significance including: Wings over Wairarapa; the Wairarapa Balloon Festival; Toast Martinborough; La de Da and the Harvest Festival. Many Wairarapa events incorporate alcohol and some, like Toast Martinborough, are built around and promote the wine industry.
- Vineyards and Wineries - The Wairarapa has 885 of the 33,400 hectares of vineyards in New Zealand (NZ Wine, 2012), and is acknowledged and recognised as a wine producing region, particularly South Wairarapa. The wineries and vineyards service visitors and are also are attractions in their own right.
- Cafes, restaurants and bars also contribute to tourism. Many licensed premises target the tourist market and weekend visitors as well as “locals”.
- Wairarapa Community Alcohol Survey respondents also felt alcohol made a moderate to major contribution to creating a vibrant central business district (CBD), which can also attract tourists to an area.

Alcohol Related Employment

- In addition to attracting and servicing tourists, the wine industry and other licensed premises in the Wairarapa also make contribution to employment opportunities for local people.
- Alcohol can contribute a range of work opportunities, for example in the foodservice sector and retail trades as well as “behind the scenes” in horticulture,viticulture and manufacturing. [41]

[41] Ministry of Health website

In the Wairarapa Draft Local Alcohol Policy Statement of Proposal[42] the key points they identified were;

- Feedback from the Wairarapa Community Alcohol Survey and Youth Forums indicates that alcohol consumption is common in the Wairarapa, and binge drinking could be an issue for Wairarapa youth in particular.
- Bottle stores may present a higher risk for Wairarapa youth with more young people reporting purchasing the alcohol they consume from a bottle store, and referencing spirits, shots and RTDs that can only be purchased from bottle stores.
- The alcohol related harm data suggests alcohol related issues of particular concern for the Wairarapa are;
  - Violence, and in particular assaults
  - Self-harm and suicide
  - Mental health addiction issues.

Stakeholder views

Formal and informal interviews with a range of key stakeholders were conducted to find out what they believed were the major contributing factors to alcohol-related harm in Wairarapa. Interviews were held with the following people;

- Matt Fribbens and Linda Kenny, Pathways
- Louise Ihimaera, Te Hauora Runanga O Wairarapa Inc
- PJ Devonshire, CEO, Kahungunu ki Wairarapa
- Tere Lenihan, CEO and staff of Wairarapa Safer Community Trust
- Fay Tomlin, Nurse Practitioner, Emergency Department, Wairarapa DHB
- Cameron Hayton, Community Sport Advisor, Sports Wellington Wairarapa
- Nikki Poona, Public Health Advisor, Regional Public Health
- Laura Muller, Injury Prevention Consultant, ACC

[42] South Wairarapa District Council; 27 August 2014 Wairarapa Alcohol Working Group- Adoption of Draft Local Alcohol Policy for Consultation ; Appendix 1 - Draft LAP; final page before Attachments titled “key points”

- Kath Tomlinson, Health Promoter, Compass Health
- Giselle Bareta, Central Region Manager Alcohol, Health Promotion Agency
- Police
- Jeremy Logan, Manager, Stopping Violence Service.

A variety of varying views were held, some key comments both from a professional and personal perspective that were made were;

“People tell drunk stories like heroes”
“Have to drink to party”
“Drinking to get trashed”
“Normalized to be shitfaced”
“Easy access for underaged”
“Guys drinking for coolness, girls drinking for self esteem”
“Parents not aware of their legal responsibility”
“Sports drinking depends on club and code”
“Drinking not the cause of family violence, but recognised as a factor”
“NZ attitude changed very little, people get trashed on the weekend”
“Needs ongoing sustained campaign, like family violence campaign, to bring about change”
“Kids are targeted, it’s cheap, sweet and easy to access”
“Goon before noon”
“Some kids choosing not to drink, perhaps it is changing”
“Supermarkets won't serve without ID and check regularly”
“People wanting better, and if you can give options they will thrive”

Summary

The stakeholders held a variety of views, reflecting the different agencies experiences, some reflecting that there was less issues with youth and some saying it was worse. The ideas and concerns are captured within the issues and opportunities section.

Organisations and Services - What is being done already

Below is a table of organisations and some of the services they offer to the community. The services listed are used or can be used to help identify if alcohol harm is related to the needs or concerns of the individual or whanau. The services provided in this table are not the only services available from the described organisations.

Provider Name	**Activity**
Wairarapa District Health Board and Regional Public Health	Health Protection Team Controlled Purchase Operations Alcohol Licensing *Á* Health Promotion Team (not involved in alcohol) Input into Long Term and Annual Plans Health promotion resources Community mental health CAMHS (Community and Adolescent Mental Health)Á
Pathways	Pathways offers a variety of addiction and recovery services in the wider Wairarapa region including: ● Comprehensive assessment and treatment planning ● Referral to other services ● Harm minimisation and education around risk ● Drug and alcohol health screening ● Withdrawal support and detoxification management ● Psychosocial support ● Individual and family counselling ● Group programmes.

Te Hauora Runanga O Wairarapa	Drug and alcohol community support, delivering Kaupapa Maori Alcohol and Drug Counselling and Education. This includes Assessments, Court Reports, 1-1 Counselling, Whanau Support and Advocacy.
Supporting Families	● Providing information on mental health and disability ● Supporting family/whanau/friends who care for someone with a mental illness with education, information and advocacy ● Supporting people with experience of mental illness or other disability into employment, further education and community participation ● Reducing stigma around mental illness and disability through education and support, ● Run COPMIA (Children of parents with a mental illness or addiction)
Oasis Network Inc - Peer Advocacy	Oasis Network provides Peer Advocacy, for people, and by people, who have had experience of mental health and/or addiction issues in order to find solutions to the barriers they may face. This is a free service.
General Practice	There are 7 General Practices in the Wairarapa, most acute alcohol related issues are referred to Pathways or Te Hauora O Runanga O Wairarapa. GPs will provide brief intervention or refer on.
Compass Health	The Primary Health Organisation that provides a range of primary care services.
Whaiora Medical Centre	A medical practice that provides a range of community based health and social services for Whanau.
St John Ambulance	First response service for incidents that require emergency medical assistance.

Masterton District Council; Carterton District Council; South Wairarapa District Council	Process liquor license applications Bylaw - liquor control in public places (enforced by NZ Police).
Stopping Violence Services	Social service agency with stopping violence services and support and education. They will refer to other agencies when alcohol is identified as an issue.
Family Works	Social service agency, providing social work support and counselling.
Age Concern	Support services, information, advice and personal advocacy, visiting service, elder abuse and neglect prevention service
Nurses in Colleges	Nurses in the three co-educational public schools do HEADDS assessments (Education and Employment, (Eating and exercise), Activities and peers, Drugs and Alcohol, Sexuality, Safety. Then refer as needed.
Wairarapa Safer Community Trust	Works with young people / rangatahi, families / whanau, offering support and budgeting and parenting advice. Delivers the "Smashed and Stoned" programme to young people.
Road Safety Council	Delivers approved road safety programmes across the region, including SADD (Students Against Driving Dangerously) and driving sobre promotions.
SADD	Students Against Dangerous Driving (SADD) is in 100% of the colleges. Meets every month as a council to discuss areas of concern and how to promote safe driving practises (including not driving while intoxicated or getting in a car with someone else that has been drinking) not only to peers but to others in the community.[43]

[43] Wairarapa Road Safety Council http://www.wairsc.org.nz/services/sadd-young-drivers

Red Cross	Red Cross delivers SAM (Save A Mate) which empowers secondary school students to respond to alcohol and drug related emergencies. The course is 90 minutes long and for 14-19 year-olds.
NZ Police	Alcohol Harm Prevention Officers: Specialist staff located within each district to prevent harm through the monitoring of licences and by creating a safe drinking environment. School Community Officers: School Community Officers (formerly known as Police Education Officers) work within schools to promote drug awareness and education. They also provide advice to concerned teachers, parents and principals. Youth Aid Officers:These traditionally work on a case-by-case basis with youth offenders. Youth Aid Officers conduct disciplinary meetings and family conferences. They also look at alternative means of disciplinary action, such as restorative justice.
ACC and Stopping Violence Service	Mates and Dates is delivered in five of the seven Wairarapa Colleges. It is a healthy relationships programme. It is designed to help prevent sexual and dating violence by teaching young people relationship skills and behaviours to carry with them throughout their lives.
Wairarapa private addiction service	A private addiction treatment provider.
Ministry of Health	The government's principal advisor on health and disability. Child Development Service offers support and assessment to children and families affected by Foetal Alcohol Spectrum Disorder.
Health Promotion Agency	Media campaigns and tools available including, interactive tools, advice on alcohol, alcohol free area and serve wise.
Alcohol and Drug Helpline 0800 787 797	Will support people to make changes if they are concerned about theirs or someone else's drinking.

Youthline 0800 37 6633	Counselling support and youth development services.

A search of Healthpoint[44] under alcohol and mental health - alcohol and drug addictions shows 21 services available, however many of these are residential services out of the area.

Services 21

Al-Anon Family Groups\Alateen
Alcohol Drug Helpline
Alcoholics Anonymous - AA
Ararimu Lodge
Ashburn Clinic
CareNZ Manaaki Aotearoa
DrugHelp
Elm Tree Lodge Charitable Trust
Emerge Aotearoa
Erowid
Hello Sunday Morning
Kina, Families and Addictions Trust
Living Sober
Moana House
Narcotics Anonymous New Zealand
Needle Exchange Programme (NEP)
Pathways Health
Te Nikau Addictions Centre
The Retreat NZ
The Turning Point NZ
Youthline

[44] https://www.healthpoint.co.nz/mental-health-addictions/wairarapa/?programmeArea=im%3A645232

Issues and Opportunities

From a summary of the research and interviews six broad areas emerged. These have been framed as goals.

Goals

1. Positively occupied resilient young people.
2. Reduced rates of risky drinking behaviours (and reduced associate violence particularly at home).
3. Enhanced support where there are alcohol issues (and reduce associated harm and violence).
4. Community educated and empowered in alcohol harm reduction.
5. Environments that prevent issues and /or reduce alcohol related harm.
6. Improved coordination, monitoring and evaluation.

The above goals are linked to the 5 areas outlined by the Law Commission as follows:

- Law Commission, Reduce physical availability = Goals 1, 2 and 3
- Law Commission, Reduce marketing = Goals 4 and 5.

1. Positively occupied, resilient young people

The three groups to consider within this are:

- Young people who haven't started drinking yet
- Young people under 18 who are starting to drink at risky levels
- Young people under 18 who are drinking problematically

Issues	Opportunities	Possible programmes/projects	Possible Partners
Social supply of alcohol to young people. ie.supply of alcohol by parents, adults, friends and siblings.	Develop and operate multi component, partnership-based initiative to manage social supply. Educate parents, coaches and other adults regarding law on social supply and responsibility. In order to delay onset and escalation of adolescent drinking.	HPA resources. Tauranga "Stop the supply"- "You're a Parent not a mate"/ "Here's your drink it cost me $2000/"You're the coach not the team mate.	Schools; Community ; Sports clubs; Council; Iwi

Issues	**Opportunities**	**Possible programmes/projects**	**Possible Partners**
Young people have easy access to cheap sweet alcohol and young people are drinking under 18 years and binge drinking.	Delay initiation of drinking for as long as possible Delay onset of heavy and /or frequent drinking among young people under 18 years.	Campaign using HPA resources, they are redesigning their MAP (My Aspiration and Potential) resource OR use D-Discuss the issues E Educate by example L- Listen and engage A - A good relationship Y-Your expectations Tauranga stopthesupply.	Schools; Hospitality industry'; Council; Iwi; Health providers;
	ID for proof of age and checking if it is fake.	Ensure methods for checking ID are taught in hospitality and security training.	Hospitality Industry; Security Industry
	Ensure there are adequate alcohol-free activities for young people in community clubs, churches, marae and and schools.	Provide alcohol free events.	Church; Iwi; School.
	Influence Social Norms so young people don't think everyone drinks to get drunk.	Social Norms Campaign "What about you?"	Schools; Hospitality industry'; Council; Iwi; Health providers;

Issues	Opportunities	Possible programmes/projects	Possible Partners
Lack of knowledge and understanding of the effects of alcohol and binge drinking on a developing body.	Ongoing education about alcohol harm workshops, posters, campaigns at school. Partnership for local education campaigns that run every year eg through sporting codes, schools. Increase parental knowledge and awareness.	Brainwave trust. Campaigns linking with above projects.	Council; schools; Iwi; Health providers; Public Health
Young people not engaged in employment, education or training.	Enhance engagement of young people in employment, education and training.	Enhance existing programmes.	Link with all youth agencies and schools to support their activities
2. Reduced rates or risky drinking			
Issue	**Opportunity**	**Possible Programme**	**Possible Partners**
Ongoing need for positive role models - making it uncool to be drunk.	Identify local personalities to act as advocates and champions of responsible drinking.	Develop a localised facebook page e.g. “Tribe of Why” facebook page “Building tribes of shared dreams to promote peace”.	Iwi; Sports Clubs

Issue	Opportunity	Possible Programme	Possible Partners
Drinking whilst pregnant.	Encourage women to stop drinking alcohol if pregnant or if there is any chance they could be pregnant.	Promote HPA "Don't know, Don't drink".	Midwives; GPs; Plunket; early childcare centres; public health; health providers
Binge Drinking	Influence the social norm so: ● Binge drinking/getting drunk is viewed as not cool; ● Respect increased for people choosing not to drink; ● Celebrate the action of people that don't abuse alcohol	Promote HPA tools - Alcohol free logos and templates; ServeWise; Advice on alcohol; ; interactive tools; what's a standard drink.; promote websites such as stopethebingedrinkingcultureSupport national campaigns "Say yeah nah"' "Ease up".	Council; schools; Iwi; Health providers;
Marketing and promotion of alcohol	Respond to keg day and other days that promote excessive drinking. Work with agencies and businesses to ensure they are not inadvertently promoting drinking hazardously.	Use existing resources from other areas "say yeah nah" "Social norms". Work with Trust House and other social provider to ensure they promote social responsibility.	CAAG; Community ; Council; Public Health

3. Enhanced support where there are alcohol issues and reduced associated offending			
Issues	**Opportunities**	**Possible Programmes**	**Possible Partners**
Drug and alcohol rehab statistics show that the percentage of people who will relapse after a period of recovery ranges from 50% to 90%.(http://alcoholrehab.com/addiction-recovery/beating-the-relapse-statistics/).	Ensure that effective treatment/support is available for all using alcohol and/or other drugs problematically. Ensure Maori alcohol and drug workforce development is supported.	Increased support for existing providers	Pathways; Te Hauora Runanga o Wairarapa; Ministry of Health; Wairarapa District Health Board
Alcohol issues are not recognised and acted upon early enough.	Maximise brief intervention via health and affiliated providers. Ensuring alcohol issues are recognised early and not minimised.	Rataora alcohol and depression programme, screening, intervention and referral.http://www.stuff.co.nz/dominion-post/news/72095837/fewer-drunk-students-filling-up-wellington-hospitals-emergency-department-ed	Police; emergency department ; health workers; counsellors ;other health and social services.

4. Community educated and empowered in alcohol harm reduction			
Issues	**Opportunities**	**Possible programmes**	**Possible partners**
Community concerned about impact of alcohol in their community but don't know how to change it.	Educate community to support effective regulation and policy.	CAAG support a community that is active in: - license applications - advocating for school policy - and proactive in opportunities to influence labelling and access.	HPA; Regional Public Health; Iwi; Council
	Empower and educate communities as part of solution to drinking culture, and individuals supported to change.	Link with Wellbeing /community development work Promote "Well Place Hub" and "TWANZ" Tertiary Wellbeing Aotearoa New Zealand http://www.twanz.ac.nz/ Promote "Hello Sunday Morning" free online programme, or equivalent.	
	Ensure CAAG has representatives from key organisations working in the community eg Pathways, Te Hauora, School representative.	Increase active members or change CAAG membership	

Issues	Opportunities	Possible programmes	Possible partners
Culture of drinking in some sports codes	Sports clubs better supported and motivated to meet host responsibility obligations	HPA resource for sports clubs keep promoting: Host responsibility "Ease Up" "Say Yeah Nah".	Sports Wairarapa; Wairarapa football; sports developme nt personnel
Understanding how to be a good host	Education campaigns and responsibilities - looking after each other	Promote HPA party guide or new resource "plan b4 u party". PLAN B4 U PARTY AND GET HOME SAFE	Public
5. Environments that prevent issues and/or reduce alcohol-related harm			
Issue	**Opportunity**	**Possible projects/programmes**	**Possible Partners**
Effective management of licensed supply.	Ongoing compliance activities relating to existing regulation/policy environment. Support collection of local evidence on alcohol harm and complaints - thus data available to support communities in license renewal.	Support Local Alcohol Policy. CAAG work with police to collate data.	Community ; CAAG; police.

Issue	Opportunity	Possible projects/programmes	Possible Partners
Prevent/reduce public drinking in town centre, daytime, park, reserve, carparks	Support business association or community plans so there is minimal public place drinking	Work with local communities around identified issues.	Business associations; council; police; public health. CAAG.
6. Plan coordination, monitoring and evaluation			
Issue	**Opportunities**	**Possible programmes/projects**	**Possible partners**
Data varied and some old ED alcohol questions asked but not reported or audited GP brief intervention data not meaningful as yet.	Gather consistent and timely data Work with Wairarapa DHB to look into at ED alcohol information to identify issue times and follow ups with people http://m.nzherald.co.nz/wanganui-chronicle/news/article.cfm?c_id=1503426&objectid=11499426 Continue collecting GP brief intervention data and encourage increased collection. Support GPs for referrals.	Partner with DHB around supplying regular data Develop GP referral system with follow up.	Wairarapa DHB; Regional Public Health Compass Health; GPs; Regional Public Health.
Outcome measures for this project	Plan outcome measures	Results Based Accountability?	CAAG members