

# CAHP

## Christchurch Alcohol Harm Partnership 2024-2034

### Vision:

A safe, vibrant, healthy Christchurch free from alcohol-related harm

The Christchurch Alcohol Harm Partnership (CAHP), formerly known as the Christchurch Alcohol Action Plan, outlines a vision for Ōtautahi Christchurch without alcohol-related harm. The CAHP has been developed in response to community concern about alcohol-related harm. It provides a collective vision and strategy aimed at achieving a sustained reduction in alcohol-related harm across Christchurch.

The three principal partner agencies – Christchurch City Council, NZ Police and Health New Zealand – National Public Health Service, Waitaha (HNZ-NPHS, Waitaha) present this updated CAHP. Our shared vision is for a ‘A safe, vibrant, healthy Christchurch free from alcohol-related harm’. We believe that by working together as partners, alongside the community, we can more effectively reach that goal.

### What is the CAHP?

The CAHP is a framework for collaborative local action for reducing harm from alcohol. Christchurch City Council, NZ Police and HNZ-NPHS, Waitaha will lead the programme of actions and partner with other interested and invested parties to achieve the collective vision. This partnership is intended to cover the Christchurch City Council area but may include projects that operate at a wider scale.

The CAHP is an updated version of the Christchurch Alcohol Action Plan (CAAP) that was initially launched in 2017 in response to significant community concern about the wider alcohol-related harms being observed in Christchurch. The CAAP was shaped by a shared vision, values and desired outcomes developed in consultation with the community. In 2024, we changed the name to Christchurch Alcohol Harm Partnership to more accurately reflect the spirit of the initiative.

The CAHP is informed by New Zealand and international evidence; local data; and what our stakeholders and communities say about alcohol-related harm and how best to reduce it. It draws on the World Health Organisation SAFER Initiative and the 5+ Solution, which both present effective approaches for reducing alcohol harm. The CAHP builds on the extensive proactive and collaborative work already undertaken to reduce alcohol-related harm in Christchurch.

While Christchurch City Council, NZ Police and HNZ-NPHS, Waitaha each have a regulatory role in reducing alcohol harm, the intention of CAHP is to complement this work by addressing alcohol-related harm with initiatives that fall outside of the regulatory environment.

The CAHP is not intended to take the place of individual organisational plans, rather to reflect the areas where agencies can gain efficiencies and effectiveness through collaborative planning and service delivery. This partnership does not commit any agency or its resources in any way other than a good faith commitment to the successful implementation of the actions in this document.

## Why do we need an alcohol-related harm partnership?

Alcohol use is a visible, accepted, and entrenched practice in Aotearoa New Zealand. Although many people consume alcohol, drinking alcohol causes significant harms to people, whānau and communities. Alcohol is a leading yet preventable cause of premature death, disability, health conditions and social harm and a key driver of health and social inequities in Aotearoa New Zealand (1). Alcohol causes significant costs to the social, justice and health sectors. Each of the principal partners dedicates significant resources to managing the harms related to alcohol use and are committed to addressing alcohol harm.

*“The impact of alcohol harm in our communities is widely understood and the CAHP outlines a vision for Christchurch without such harm. I am proud that this is a collective approach between Christchurch City Council, NZ Police and National Public Health Service, and acknowledge their ongoing support. I also acknowledge the commitment to partner with mana whenua to meet Te Tiriti principles, as part of this collective approach. I am encouraged to see the work is a continuation of the Christchurch Alcohol Action Plan and builds on the joint work previously undertaken. The three partners continue to independently exercise their statutory functions, duties and powers under the licensing regime prescribed in the Sale and Supply of Alcohol Act 2012 whilst working together to improve outcomes for the wider community.” – Mayor Phil Mauer, Christchurch City Council*

## Te Tiriti o Waitangi

The principal partners will work with mana whenua in the Christchurch and Banks Peninsula area to address alcohol-related harm. As Crown entities, Christchurch City Council, NZ Police and HNZ-NPHS, Waitaha recognise Te Tiriti o Waitangi as Aotearoa New Zealand’s founding document and are committed to honouring Te Tiriti o Waitangi. We will honour Te Tiriti o Waitangi by:

- Partnering in good faith with Māori communities
- Ensuring we enable tino rangatira by empowering and enabling community activation that is guided by our Te Tiriti partners (Māori)
- Supporting equitable and needs based approaches that support community activation and reduce inequity to our Te Tiriti partners
- Actively protecting Māori indigeneity as tangata whenua in Aotearoa New Zealand
- Supporting, promoting and partnering on options that are guided by our Māori communities

*“The harmful effects of alcohol reach far beyond the individual. They are felt by their families, co-workers, the community and society. They are also felt by the many victims of crime and crashes where alcohol use is a factor. The harm caused by alcohol is wide-reaching, therefore our response must be too. Police has a pivotal role to play in the reduction of alcohol harm, but we cannot do it alone. Only by having a shared purpose and a shared path to get there, will we be able to create the societal change required to protect our communities from the negative impacts of alcohol.” – Superintendent Tony Hill, Canterbury Police District Commander*

## Our roles

The three principal partners, Christchurch City Council, NZ Police and HNZ-NPHS, Waitaha play key roles in alcohol harm reduction.

PRINCIPAL PARTNERS	ROLES
<b>CHRISTCHURCH CITY COUNCIL</b>	<ul style="list-style-type: none"> <li>• Strengthening communities</li> <li>• Advocacy and policy</li> <li>• Alcohol licensing and enforcement</li> <li>• Prevention</li> </ul>
<b>NZ POLICE</b>	<ul style="list-style-type: none"> <li>• Alcohol reduction intelligence-led policing</li> <li>• High visibility policing</li> <li>• Alcohol licensing and enforcement</li> <li>• Prevention</li> </ul>
<b>HEALTH NEW ZEALAND – NATIONAL PUBLIC HEALTH SERVICE, WAITAHA</b>	<ul style="list-style-type: none"> <li>• Health promotion</li> <li>• Policy</li> <li>• Data collection specific to alcohol-related health impacts</li> <li>• Alcohol licensing and monitoring</li> <li>• Prevention</li> </ul>

Each partner has legislative functions associated with its alcohol licensing functions. NZ Police, Christchurch City Council and Medical Officer of Health continue to independently exercise their statutory functions, duties and powers under the licensing regime prescribed in the Sale and Supply of Alcohol Act 2012. The CAHP approach is not a substitute for the statutory alcohol licensing regime, it is intended to supplement the regulatory roles of the principal partners. The CAHP working group will work alongside statutory officers to achieve the shared goal of reduced alcohol related harm.

Many other agencies and community organisations also deliver alcohol-harm reduction in Christchurch and the vision of the CAHP. Allies and associated organisations include other government agencies, community groups, networks and services working in Christchurch.

## Our priority areas for action

Our three priority areas for the next 10 years will guide actions for achieving our shared vision. The strategic approach for each priority area is outlined further in the table below.

- **Coordinate, collaborate and communicate** – Develop a strong, united and evidence-informed voice to drive alcohol harm reduction in Christchurch

- **Create safer spaces** – Set a bold new direction with a focus on non-regulated drinking environments. This focus will attempt to reduce the significant harms emanating from these settings and complement current successes within regulated drinking environments
- **Reduce exposure, accessibility and availability** – Advocate for a reduction in availability and accessibility of alcohol and exposure to alcohol marketing at a local and national level



## Our progress so far

Launched in 2017, the Christchurch Alcohol Action Plan emerged in response to significant community concern about the wider alcohol-related harms, especially those that fall outside of the regulatory environments specified in the Sale and Supply of Alcohol Act 2012.

A stocktake of alcohol activity in Christchurch showed a range of alcohol harm initiatives happening across sectors and within the community. In addition to regulatory functions associated with alcohol licensing some of the activities included information and messaging; school-based and sport-based education and information for young people; advocacy for evidence-based policy; and services for treatment of acute and chronic alcohol-related harm.

Since 2017, the principal partners have worked together and with other agencies and the community on a number of activities including, but not limited to:

- Successful rollout of the community engagement with alcohol licensing project
- A permanent alcohol ban at rugby league games on Christchurch sports pitches
- Social media campaign aimed at reducing harm on Crate Day
- Support for impaired driver education programmes at Rehua Marae

- Working alongside refugee and migrant communities to raise awareness of alcohol harm and ways to reduce it
- Health-promoting sports club project with Sport Canterbury/Healthy Families
- Support for the Tūturu project in secondary school
- Downloadable FASD awareness posters for organisations in support of FASD awareness month
- Ageing and Addictions symposium for those working with older adults
- Alcohol area ban for Woolston Village
- Support for national campaigns aimed at reducing harm and limiting alcohol marketing and sponsorship
- CAHP newsletter
- Annual CAHP forum to network and share research and best practice on actions to reduce alcohol-related harm

Disruptions related to the COVID-19 pandemic created several challenges, especially impacting on the coordinator role and their ability to proceed with some of the community building action planned, but overall momentum for progressing the vision and strengthening community action to reduce alcohol-related harm was maintained.

*“Alcohol use and harm places a significant, yet preventable, burden on Emergency Departments and the wider healthcare system. Emergency Departments around the motu are overcrowded, and overcrowding causes harm to all those in the health system. But alcohol-related harm is preventable. At Christchurch Hospital, we continue to see and treat people with alcohol-related harm - both those have ingested large amounts of alcohol themselves, and also the secondary victims of this harm. Upstream action, including addressing the availability of alcohol, is urgently needed to reduce the impact of alcohol in the Emergency Departments and improve the health of communities.” – Laura Joyce, Emergency Medicine Specialist, Te Whatu Ora Waitaha*

## The next chapter

Over the next 10 years the principal partners intend to continue with and build on the success of existing alcohol-harm reduction activity. The CAHP is a commitment by the partners to working to reduce alcohol-related health inequity in our communities and considering how our actions can reduce the impact of excessive alcohol on population groups who experience higher levels of harm.

Informed by community priorities, the CAHP will collaborate to promote pro-equity approaches to reducing harm in populations that experience it most. The CAHP seeks to empower communities to build upon their strengths and will ensure the voice of Māori, Pacific, young people and lower-socioeconomic communities and other impacted groups are heard.

It is intended that the CAHP be a dynamic resource that expands to incorporate and support all individuals, groups, communities and organisations committed to improving population health and safety through the reduction of alcohol-related harm in Christchurch.

A working group made up from the principal partners and other associate organisations will set an annual work plan. Areas of action will be developed in alignment with CAHP priorities, values and community aspirations.

A key aim will be to continue to strengthen relationships at all levels of the organisations and with mana whenua. Measures of success will include how well our values are held and relationships deepened.

## Our approach

### Vision

A safe, vibrant, healthy Christchurch free from alcohol-related harm

### Values

We are guided by the following values:

- **Partnership with mana whenua** – Past and present impacts of colonisation have led to inequitable impacts of alcohol-related harm on Māori. We are committed to working with mana whenua and honouring Te Tiriti o Waitangi. We will work with Ngāi Tahu, hapū and Māori living in Christchurch, and their representatives, to reduce alcohol-harm experienced by Māori.
- **Equity** – All members of our community need a fair and just opportunity to live free of alcohol-related harm. All people should have appropriate support to address alcohol-related harm, in acknowledgement that harm impacts disproportionately across our community.
- **Respectful relationships** – We work together in collaboration, treating our stakeholders with dignity and respect. We will ensure the voices of Māori, Pacific, young people, disabled people, rainbow, lived experience and lower-socio-economic communities are heard, and their concerns addressed.
- **Evidence-based approaches** – We use evidence and data to inform our work. We are committed to making sustainable change through the implementation of evidence-based approaches and recognise the need to take a broad view to the causes of, and solutions to, alcohol-related harm.
- **Strengths-based approach** – Our communities are resourceful and resilient. We seek to empower communities and build upon their strengths, with a focus on wellbeing.

### Priority areas

Priority area	Strategic approach	What success looks like
<b>Communicate, Coordinate, Collaborate</b>	This priority area encompasses the development of strong leadership, the collection and distribution of data to inform practice, workforce capacity building, and the innovative and coordinated communication of key messages.	<ul style="list-style-type: none"><li>• Strong partnerships across sectors</li><li>• Effective working group driving coordinating activity under the CAHP</li><li>• Community supports the collaborative approach</li><li>• Transparent approach to sharing information</li><li>• Evidence-based information (including local and regional data) is communicated in accessible ways</li><li>• Workforce and community enabled to reduce alcohol-related harm</li><li>• Initiatives are evaluated</li></ul>

**Create safer spaces**

Settings can promote health and reduce harm through cues in the physical environment and the social conditions and norms they create.

This priority area seeks to promote initiatives that address the harms associated in non-regulated drinking environments, including settings such as homes, public spaces and social gatherings.

- Reduced crime and violence in public spaces associated with night time economy
- Collaborative partnerships in place to address the impact of alcohol on whānau/family
- Educational environments are engaged to reduce alcohol-related harms
- Community initiatives promoting safer environments are supported and promoted

**Reduce exposure, accessibility and availability**

The CAHP strongly supports the 5+ Solution for reducing alcohol-related harm. This solution is supported by international evidence and includes the following policy directives:

1. Raise alcohol prices
2. Raise the purchase age
3. Reduce alcohol accessibility
4. Reduce marketing and advertising
5. Increase drink-driving counter-measures

PLUS: Increase treatment opportunities for heavy drinkers

This priority area involves engaging in local collaborative opportunities to reduce exposure, availability and accessibility while recognising the need to strengthen national policy to implement these key drivers.

- Initiatives to prevent social supply of alcohol to young people are supported
- Reduced or further restrictions on alcohol advertising and sponsorship
- Citizens supported to participate in licensing processes
- Increased awareness of social host responsibilities

## Supporting evidence

Alcohol is the most harmful drug in Aotearoa New Zealand (2). Alcohol use costs the health care system, justice and the wider economy. Recent research estimated that the total societal cost of alcohol harms in 2023 was approximately \$9.1 billion based on the increased risk of morbidity and mortality with over half (\$4.8 billion) due to fetal alcohol spectrum disorder (FASD) (3). In addition to health costs, broader social and economic costs include lost economic output, crime and justice related costs and road traffic accidents.

The burden of alcohol-related harm is not equitable, with more disadvantaged and at-risk populations experiencing higher rates of alcohol-related death and hospitalisations (4). Māori and Pacific males, youth and low socioeconomic communities are disproportionately impacted by hazardous drinking and alcohol-related harm.

In Waitaha Canterbury, four out of five adults drink alcohol and almost one in five consume alcohol in a way that could harm themselves or others (5). This equates to over 100,000 people over the age of 15 drinking hazardingly in the region. Over 130,000 residents have a heavy drinking episode at least monthly. Around 6% of presentations to the emergency department at Christchurch Hospital are impacted by alcohol. When last calculated in 2011, alcohol was estimated to cost the Canterbury health system \$62.8 million a year (6).

When it comes to alcohol consumption, there is no safe amount that does not affect health (7). Alcohol is a toxic, psychoactive, and dependence-producing substance. Alcohol is causally linked to more than 200 diseases and injury conditions (4). This includes alcohol use disorder, FASD, intentional and unintentional injuries and some types of types of cancer (8).

Alcohol is a Class 1 carcinogen and known to cause at least seven types of cancer, including the most common cancer types, such as bowel cancer and female breast cancer (9). Alcohol use contributes to nearly 7% of the total cancer burden in New Zealand (10). More than one-third of alcohol-attributable breast cancer deaths occur among New Zealand women with an average daily consumption of less than two daily standard drinks (11). The risk of developing cancer increases substantially the more alcohol is consumed.

Every year more than 800 deaths in New Zealand are caused by alcohol, mainly from injuries (43%) and cancer (30%) (12). Alcohol is known to be a factor in 20% of fatal crashes (13). Men are twice as likely to die from drinking alcohol than women. The death rate attributable to alcohol is more than twice as high for Māori than for non-Māori (14). In Te Waipounamu, the South Island, alcohol is one of the top ten contributors to the life expectancy gap between Māori and non-Māori/non-Pacific people (15).

There are links between harmful alcohol use and poorer mental health outcomes, such as anxiety disorders, depression and clear evidence that harmful alcohol use is a risk factor for self-harm and suicidal behaviour (16). New Zealand research found that acute alcohol use is linked to one quarter of suicide deaths (17).

In addition to the harm experienced by drinkers, drinkers cause considerable harm for others. Research in Aotearoa New Zealand estimated that 78,277 healthy life years were lost in 2018 due to alcohol's harm to others. The main contributor was FASD, followed by traffic crashes and interpersonal violence. Māori populations experience almost twice the harm than the general population. The same research showed that alcohol drinkers cause more harm to bystanders (people



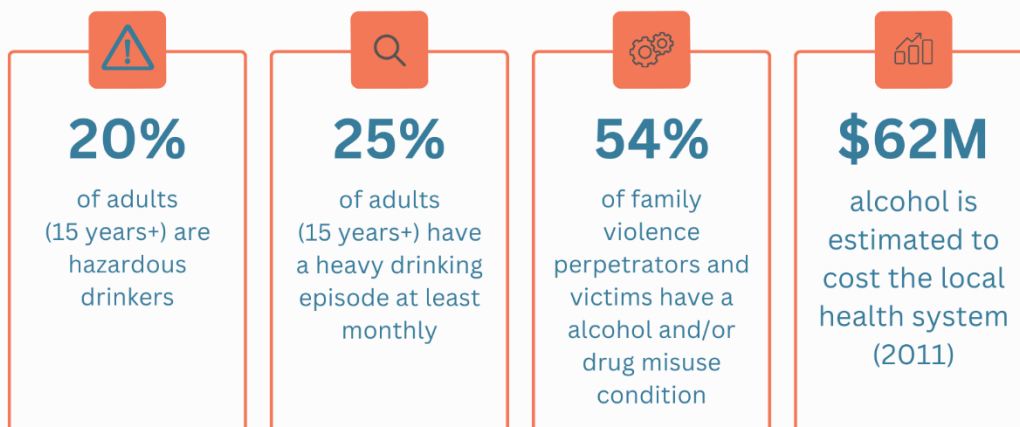
other than the drinker), including years of life lost to disability or deaths, than the combined impacts of alcohol-use on drinkers themselves (18).

Alcohol is known to be involved in 2 in 5 offences that involve assault, abduction, robbery, threats or damage to property and 1 in 3 family violence incidents in Aotearoa New Zealand (19) (20). While alcohol harm affects people of all ages, children are particularly vulnerable to alcohol-related harm caused by other people's drinking and can suffer from increased susceptibility to child abuse, neglect and witnessing family violence.

Alcohol is readily available and increasingly affordable. Alcohol is widely promoted in family-orientated environments, in digital media, to young people and in our neighbourhoods – more so in low-income areas. This significantly contributes to the inequitable distribution of ill health and death related to alcohol.

There is strong national and international evidence that policies addressing alcohol availability, affordability and marketing are the most effective and cost-effective ways to equitably reduce consumption, and thereby reduce alcohol-attributable harms. The 5+ Solution and the World Health Organization's SAFER Initiative both include these effective approaches.

## In Canterbury:



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