

Aide-Mémoire

Further advice on alcohol levy initiatives

Date due to MO:	5 July 2024	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	H2024045562
To:	Hon Dr Shane Reti, Minister of Health		
Copy to:	Hon Matt Doocey, Minister for Mental Health		
Consulted:	Health New Zealand: <input checked="" type="checkbox"/>		

Contact for telephone discussion

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To: Hon Dr Shane Reti, Minister of Health

Security level: IN CONFIDENCE **Health Report number:** H2024045562

Purpose

1. This aide-mémoire provides you with further advice on alcohol levy initiatives as requested at your weekly meeting with officials on 1 July 2024.

Context

2. You have requested further advice on the eleven bullet points that were outlined in a draft document on reducing violent crime from the Justice Sector Directorate (Reduced Violent Crime Delivery Plan). After review of the draft document by Ministry of Health (Ministry) officials, these points were removed from the final version as they were not directly relevant to the violent crime plan.
3. All but one of the points referred to is levy funded work that is already underway, some of which has been on-going for some time. Ministry led work to consider and respond to the Alcohol Levy Review recommendations has recently commenced, however this does not require any new or additional funding. Further advice is provided below.
4. One point in the draft Justice document mentioned the addictions continuum work – this is not levy funded, and therefore is not included here.
5. Please note: while levy funded activities are health-led, and not generally focussed on reducing violent crime, some of them do have an impact on reducing violent or disorderly behaviour (see page 5). Any activities that help to reduce alcohol consumption will contribute to reducing violent crime, which is often fuelled by alcohol consumption.



Dr Andrew Old

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Public Health Agency – Te Pou Hauora Tūmatanui

Date: 05/07/2024

Alcohol levy review – responding to review recommendations

1. The Allen + Clarke review of the levy was commissioned shortly after responsibility for the levy was transferred to the Ministry of Health (under the Pae Ora (Healthy Futures) Act 2022). The review was completed in March 2024 and informed the annual levy setting process for the 2024/25 financial year. The new levy rates were confirmed by Cabinet on 10 June 2024.
2. While the review was underway, the overall structure of the levy regime has remained in transition mode. With the review complete, we are now in position to ensure a robust and sustainable levy regime moving forward, with appropriate governance and strategic decision-making processes in place, as well as ongoing evaluation of programmes for continuous improvement and to provide evidence to support future decision making.
3. This work has just begun and is being led by the Public Health Agency within the Ministry of Health (the Ministry), in partnership with Health New Zealand. The first review recommendations that will be considered are the governance of the levy, and developing a strategic investment framework, to guide levy investment decisions. Alongside this we will set up the processes required to monitor and regularly evaluate levy funded programmes.
4. To progress these areas the agencies will consider the recommendations from Allen + Clarke alongside other considerations, such as alignment with other governance structures already in place within health agencies, the needs of the broader levy regime, the most appropriate use of resources, and other relevant factors.
5. This work is being progressed at the same time as the broad assessment of current levy funded programmes requested by Ministers (to assess the value for money and alignment with government priorities). The strategic investment framework will include developing investment criteria. These criteria will also be used to support the assessment of current programmes, hence the parallel progression of these two pieces of work.
6. Summary table of levy regime work underway:

Workstream	Description
Governance structures	Cross-agency governance to agree annually the allocations of levy funds across the agencies, as well as the overall high level programme investment decisions (funding decisions for individual activities will be made by the directorates leading the work)
Strategic Investment approach	This will include investment decision criteria to assess funding proposals against. High level criteria for broad programmes of work, as well as criteria for agencies to use to make individual activity investment decisions.
Monitoring and Evaluation	Building in a cycle of on-going monitoring and evaluation of programmes. High level evaluations of broad programmes of work can be managed jointly by agencies; specific evaluations of community and provider activities will be managed by the directorates leading the work.
Assessment of all current levy funded programmes (requested by Ministers).	This is a high level assessment to report on the value for money and alignment with government priorities of current levy funded programmes. This is to inform the 2025/26 levy setting process. Once developed, the investment criteria (referred to above) will support this assessment, which is due with Ministers Nov/Dec 2024.

Support communities to deliver alcohol harms reduction initiatives that are locally designed and delivered

1. Health Promotion, part of the National Public Health Service (NPHS) within Health NZ, (Health Promotion, NPHS) works with communities in a range of ways, including through regional grants. The programme supports community groups and organisations to apply for grants to support the design, development, and delivery of their own alcohol harm reduction interventions to address the specific needs and priorities of their local communities. Examples of projects include:
 - a. The Auckland Rugby League (ARL) Aunties: ARL and their clubs have challenges with alcohol consumption on the sidelines of their games. Through this grant, ARL recruited a group of Mums, Nana's, and Aunties to be used as ambassadors who identify and reward good sideline behaviours, to build a positive atmosphere at matches and minimise inappropriate consumption of alcohol. Rugby League in Auckland has extensive reach into the most vulnerable communities, with 60% of their players identifying as Pacific and 30% Māori. The project has increased awareness in clubs and communities of alcohol harm, decreased negative sideline behaviour and drinking, including behaviour that had previously led to court appearances.
 - b. Te Kotahi a Tāmaki Marae Collective – a collective of 34 mana whenua, mataawaka kaupapa and taura here marae, who are based in and around the Tāmaki Makaurau rohe. Through this relationship, Health Promotion, NPHS has supported the collective to organise and run workshops to increase knowledge and skills in community participation in alcohol licensing processes and develop storytelling techniques to increase awareness of alcohol-related harm and strategies to minimise challenges. A participant survey of 86 community members and 10 practitioners showed increased understanding of action to address alcohol-related harm.
 - c. Ātārangi – a youth led communications project amplifying the voices on the impacts of alcohol and substance use. Rangatahi involved in this project undertook a complete creative process from community wānanga to co-designing a short film about alcohol harms with youth leaders. Participants and organisations involved provided feedback that the project was a success in terms of engaging with our most at-risk populations and moving towards health equity.
2. This programme was strongly supported by levy review participants who believed funding local solutions to local alcohol-related harm should be prioritised. The relational and high trust model for funding these initiatives removed many barriers for communities. There is an opportunity to use these grants for a seed funding function for locally led activities, where grant funding could be used to trial innovative solutions on a small scale with a view to national rollout if successful.

Support projects focused on youth who have been adversely affected by alcohol to prevent hazardous alcohol use and addiction later in life.

1. Health Promotion, NPHS supports projects focussed on youth. Youth are particularly vulnerable to negative effects of alcohol due to risk of early initiation, lower tolerance levels, and developmental stages that make them more susceptible to long-term health consequences. Despite a recent decrease in youth drinking, over half of young New Zealanders (50.9%) aged 15-17 drank alcohol in 2022/23. Young people's drinking is known to increase risk of poor mental health (including suicide), crime, affected school performance and other social and health issues. Focussing on alcohol harm prevention for youth is critical to prevent hazardous alcohol use and addiction later in life. Examples of projects include:
 - a. Planet Youth is a youth drug and alcohol harm reduction programme, being piloted in Papakura. It is designed to strengthen protective factors, mitigate risk factors, and build healthy community environments for positive youth development by focusing on four key domains in the local school community: family, peer group, leisure time (out of school), and school time. For the 2023/24, the programme has 4,158 participants across a variety of activities. A survey of 907 students (31% Māori, 27% Pacific, 21% Asian, and 21% Pākehā) was designed and delivered to measure changes in attitudes and awareness of alcohol and other drugs and improve opportunities for organised leisure and extra-curricular activities.
 - b. Te Rūnanga o Toa Rangatira: The Tamariki to Mokopuna (TTM) project – works with a group of 27 rangatahi aged 14-24 years in Porirua, who have been adversely affected by alcohol, over a 12-month period to develop and achieve individual and/or professional development plans. The programme has delivered 20 support sessions with high engagement and retention. It has run team building activities, noho based planning days, marae trips and community events. Rangatahi who have completed the TTM programme are showing signs of healthy mauri (spirit/wellbeing), and feedback from other services engaged with the rangatahi also mentioned increased positive relationships with their whānau.
 - c. Youth Health and Wellbeing Trust: Te Ako Manaaki project – working with students aged 11-16 and their families in the Nelson area, identifying and providing interventions for unmet needs relating to alcohol and other drugs, trauma, family issues, and educational support. This project is designed to support and strengthen services available at the Trust, reorienting them to drive improved outcomes for young people.

Work with sporting bodies and sports clubs to encourage alcohol free sporting environments and support health and wellbeing promotion in sports clubs.

1. Hazardous drinking in sports clubs, often after matches, can contribute to violence offences and drink driving offences. Additionally, when alcohol consumption is normalised in sports club culture, it can have a negative impact on the role of sport in promoting health, wellbeing and positive community and family friendly environments.
2. Evidence shows that increased exposure to alcohol marketing and advertising is linked to increased alcohol consumption. Reducing marketing exposure is important to support people to reduce their consumption, and this programme has supported clubs to de-normalise regular or heavy alcohol consumption at or after sports matches. Programmes to provide alternatives to alcohol sponsorship in Australia have also been shown to reduce alcohol consumption during and after sports matches and events.
3. Health Promotion, NPHS supports sport-related partners to change sports club drinking culture, encourage alcohol-free sporting environments and promote family and player health and wellbeing. The "Sport and Alcohol – Breaking the Link" programme has assisted sports clubs to find alternatives to all forms of alcohol sponsorship, maintain strong relationships with other businesses/forms of sponsorship and to become more family-oriented settings through health promotion messaging and initiatives at events.
4. Organisations involved in this programme include, all four Super Rugby Aupiki teams, two National Provincial Championship (NPC) unions, and eleven Heartland Championship rugby unions, Touch NZ, and Basketball Bay of Plenty. Decision making criteria for entering into partnerships has prioritised organisations with high level of Māori, Pacific and rural representation, high level of regional alcohol harm, and community influence and desire for change.
5. This programme was strongly supported by levy review participants, as being evidenced-based, and helping to support the de-normalisation of alcohol consumption and ensure health messaging in sport.
6. This project is also aligned with the WHO recommended best practice interventions for alcohol harm prevention.

Plan social marketing campaigns and outputs focused on increasing awareness of the risks of alcohol to physical and mental health.

1. Social marketing approaches such as information campaigns and public messaging can increase awareness of the risks of alcohol consumption to physical and mental health, and encouraging behaviour change. Campaigns can be tailored to different groups and communities within New Zealand, addressing specific cultural needs or regional factors that influence alcohol consumption patterns. National level information and education campaigns must be designed to be adapted at the local level to support local activities.
2. Social marketing outputs should be deployed in conjunction with other interventions, especially community action. This acknowledges a segmented approach to encouraging behaviour change where nudge type communications can influence willing and able populations, whereas those populations who are hard to reach and have been historically marginalised (willing and unable & unsure and uncertain) require face to face community action from trusted faces and in trusted places.

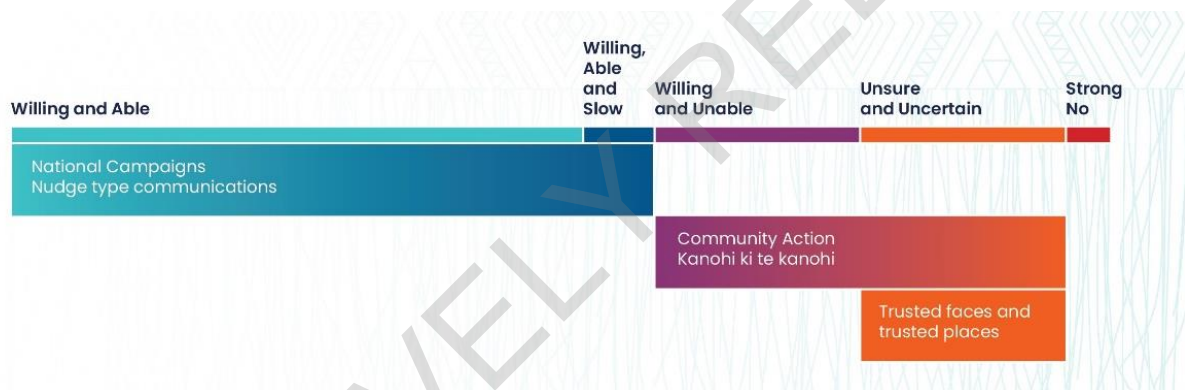


Figure 1: Segmentation approach to social marketing. This approach has been shown to be successful for vaccination and immunisation as a health offering.

3. The previous Health Promotion Agency funded a wide range of behaviour change campaigns such as "Ease up on the drink", "Say Yeah, Nah", "The Department of Lost Nights" and "Not Beersies". These marketing campaigns used relatable languages with the aim to sift social norms around drinking for different population age groups. These programmes were evaluated and were shown to be effective.
4. There are currently no wider alcohol harm prevention campaigns in market. Health Promotion, NPHS has funded a scoping project to understand the current alcohol-harm prevention landscape in New Zealand and review international examples of successful alcohol-related social marketing approaches.
5. There is an opportunity to align any alcohol-related social marketing activity with a focus on mental health in line with priorities set by Minister of Mental Health. Any planned social marketing activity will be subject to levy governance decisions and the strategic investment framework.

Revitalising the existing FASD Action Plan – This will ensure a coordinated, system-wide approach.

1. The Fetal Alcohol Spectrum Disorder (FASD) Action Plan will set out a system-wide response to support people with which includes refreshing the FASD strategic action plan (H2024035583 refers). This will help establish a more coordinated and targeted approach to addressing FASD, and increase the focus on FASD across government services, including for at-risk populations.
2. The process for developing the action plan (H2024040945 refers) is being led and coordinated by the Public Health Agency within the Ministry of Health in partnership with the Hauora Māori Services Directorate within Health New Zealand. Our approach will be community-focused, joined-up across government, and grounded in social investment and improving equity.
3. It is expected that key features of the refreshed strategic action plan will include:
 - a. the plan will be grounded in lived experience of those with FASD, their whānau, and carers
 - b. cross-agency responsibility and accountability for delivering actions
 - c. short and medium-term priorities to support effective phasing of implementation
 - d. longer-term outcomes/targets to ensure shared direction and ongoing accountability
 - e. both policy/legislative actions and local initiatives across the spectrum of required interventions
 - f. target groups or populations based on risk-factors and impacts for focused intervention
 - g. a monitoring and evaluation framework to track effectiveness of programmes and progress towards outcomes
 - h. resourcing requirements and costings of implementation.
4. The table below provides a high-level timeframe for delivery of the refreshed FASD strategic action plan:

Key deliverables	Timeframe
Community engagement led by FASD organisations	July/August 2024
Targeted agency engagement to develop FASD priority actions	August/September 2024
Engagement insights report and briefing to Minister	End September 2024
Draft action plan and briefing to Minister	December 2024
Community and sector consultation	February 2025
Cabinet approval of final plan	June 2025

Fetal Alcohol Spectrum Disorder (FASD) Pilot Programme – providing tailored support to whānau and caregivers at all stages of FASD.

1. Hauora Māori Services - Health NZ | Te Whatu Ora commissioned a \$1.03m pilot programme designed and being delivered by the Māori Coalition on FASD in May 2024. This programme includes a range of activities, such as:
 - a. The development of a **FASD Workforce Training Programme** designed specifically to address FASD in Māori communities, utilising the expertise of Māori providers, community practitioners and whānau living with FASD. The integration of te ao Māori will ensure outputs, such as the FASD clinical diagnostic guidelines, which are culturally relevant.
 - b. **The FASD wānanga**, which aims to unite whānau affected by FASD through kaupapa Māori processes to develop a network of support to reduce isolation, address respite care challenges, share mātauranga (knowledge), lived experiences and coping strategies. This type of support is not currently available to communities affected by FASD.
 - c. The **National Māori FASD online conference**, which will bring together Māori researchers, policymakers, clinical experts and government sector expertise (disability, justice, education, health) and Te Kāhui Taurikura (FASD Advisory Committee) to develop FASD strategies and research programmes steeped in te ao Māori. This will build on the inaugural wānanga held in October 2023 and continue to build support networks and services that have previously been unavailable.
 - d. **FASD Lived Experience Leadership grants** to support FASD activities in communities, events, and conferences. This supports FASD communities to set direction and leadership in FASD support and prevention.
 - e. **FASD specific engagement and communications**, which includes a communications plan, monthly newsletters, brand/logo development and launch of the FASD Pilot Programme, and website development. Stakeholder engagement is necessary to build FASD resources that are relevant to the community, therefore regional stakeholder hui will be held.
 - f. The development of a **strategy and action plan for Kaupapa Māori research on FASD**. This programme includes hui with Māori researchers and whānau to build the strategy, scope research partners and participants and to design and activate a research website.
 - g. An **Evaluation programme** across the pilot programme term. It is comprehensive and seeks to understand and measure successes, challenges, and weaknesses to provide future direction for funding allocation. This will support the future investment into an extension of a wider FASD programme.

Fetal Alcohol Spectrum Disorder clinical diagnostic guidelines – New guidelines, specifically tailored for New Zealand communities.

1. The development of the Fetal Alcohol Spectrum Disorder clinical diagnostic guidelines (Guidelines) was commissioned by Health NZ | Te Whatu Ora and published in April 2024. The Guidelines detail recommendations and principles required for the diagnosis of Fetal Alcohol Spectrum Disorder (FASD) in Aotearoa (NZ).
2. It is vital that guidelines are established that are responsive to the distinct context of Aotearoa (NZ). The Guidelines provide a consistent and relevant framework for the diagnosis and confirmation of FASD. The Guidelines are written for clinicians and professionals working in the assessment and diagnosis of FASD in a health context.
3. We expect other areas such as education, justice and social development will need to consider how these guidelines will be implemented within those specific contexts. Furthermore, these guidelines are a living document and will require regular review after implementation has occurred and more research and evidence become available.

Workforce training on the FASD guidelines - 30 health professionals will be trained as a first step in expanding a workforce that is better equipped to support people with FASD and their families.

1. Guidelines training was commissioned in May 2024 by Health NZ | Te Whatu Ora and will be delivered to 30 health professionals working in the Child Development Services (CDS) under Whaikaha. Completion of this training is expected by December 2024.
 - a. **Training development** will include using the FASD clinical diagnostic guidelines integrating both clinical and non-clinical expertise and advice.
 - b. **Training implementation** includes a collaborative partnership between the training provider (Hāpai Te Hauora), Whaikaha and Health NZ | Te Whatu Ora to implement training to 30 CDS staff.
 - c. **Evaluation** of the training programme will be incorporated across development and implementation phases to provide insights on what to improve on or change if necessary.

National FASD prevention campaign – Aimed at raising awareness of the impact of FASD and supporting positive choices to minimise risk.

1. The National FASD prevention campaign (Campaign) was commissioned in June 2024 by Hauora Māori Services - Health NZ | Te Whatu Ora. The Campaign will focus on alcohol harm and behavioural change for future parents including raising awareness of FASD impacts pre-conception, pregnancy, sexual health and on whakapapa.
 - a. The **Campaign development** includes co-design and engagement with priority audiences including whānau living with FASD and FASD Māori experts. It is important to raise awareness of the impact of FASD in Māori communities, with solutions found from within the community to reduce hazardous drinking and drinking alcohol in pregnancy. Whilst the methodologies and methods for the campaign design are embedded in te ao Māori the outputs and outcomes will also serve wider priority population groups.
 - b. **Delivery of the campaign** will be through multi-platform, multi-media, cross-sector actions that promote prevention strategies for FASD.
 - c. An **Evaluation** will be conducted across development and implementation of the campaign to provide insights and impact.