

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

17 June 2025

s 9(2)(a)

Ref: H2025066700

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 9 May 2025. You requested:

“1 - All correspondence, including emails, text messages, WhatsApp and Signal communications, between Ross Bell and any representative of companies, organisations and industry bodies involved in the sale of alcohol

2- All documents, including emails, reports, analysis, briefings, aide memoires and submissions, sent, held or received, by the Ministry of Health in relation to reviews of the safe drinking guidelines

3- All correspondence, including emails, text messages, WhatsApp and Signal communications, between Public Health Agency and Ministry of Health staff and any representative of the alcohol industry, in relation to the alcohol levy investment framework, including discussions of population based strategies to reduce alcohol consumption and the SAFER framework.

4- All documents, including emails, reports, analysis, briefings, aide memoires and submissions, sent, held or received, by the Ministry of Health, regarding the status and future of the Alcohol Harm Reduction steering group”

Please find attached four binders of correspondence relating to the four parts of your request. Some information has been withheld under the following sections of the Act:

- 9(2)(a) to protect the privacy of natural persons
- 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials
- 9(2)(k) to prevent the disclosure or use of official information for improper gain or advantage.

Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

The Ministry also intends to proactively release information relating to this subject when the consultation process is completed.

It is important to note that engagement with all stakeholders—including those with commercial interests—is part of the Ministry's role in policy stewardship. Officials engage across the sector to understand different viewpoints.

The Ministry's aim when developing and consulting on policy is always to support the delivery of better health outcomes for all New Zealanders. That is what has guided our work in this area.

The Ministry has consulted with a range of stakeholders as part of its alcohol harm reduction programme, including the health sector, industry, and people affected by alcohol harm.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Dr Andrew Old
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

8 August 2024

Mr Mark Sowden
Government Statistician
Statistics NZ

By email

Dear Mark

Request for Statistics NZ's support for additional indicators to strengthen progress to reduce harmful use of alcohol

You will be aware of the current public consultation on proposals for the 2025 Comprehensive Review of the global indicator framework, outlined here <https://unstats.un.org/sdgs/iaeg-sdgs/2025-comprehensive-review/> and which closes on 15 August 2024.

We write to request that Statistics NZ supports the proposal by the International Alliance for Responsible Drinking (**IARD**) to add two additional statistical indicators to UN SDG (Sustainable Development Goal) 3.5.2, which focuses on reducing the harmful use of alcohol. You can read the IARD proposal in full here https://unstats.un.org/sdgs/files/2025-comprehensive-review/Target_3.5_addition_proposal_from_IARD.pdf

Our three industry bodies, collectively representing beer, spirits and wine, will support the IARD submission on the basis that it provides a more robust measurement framework, with no additional reporting burden, it will bring the SDG indicators up to date with the World Health Organisation (**WHO**) goals as endorsed by Member States, and will support evidence-based decision making to reduce alcohol-related harm. It is also consistent with the New Zealand measurement of the percentage of people aged 15 years and over who engage in hazardous alcohol consumption.

We provide further information to support these reasons below.

Additional indicators already in use by the WHO

The two additional indicators proposed are:

- Age-standardised prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context.

The addition of these two indicators would not increase the reporting burden on Member States as the WHO already gathers, validates and publishes this data for almost every Member State.

Bring the indicators up to date with those endorsed by WHO's Member States

Currently the only statistical indicator in the SDG framework for progress is total alcohol consumption per capita (15+), which in our view is insufficient as a measure of harmful use as it does not measure alcohol-related harms or patterns of drinking.

Question 1 document

The WHO Global Action Plan on Non-Communicable Diseases (NCDs) and Global Alcohol Action Plan have three indicators – total consumption of alcohol per capita (15+), heavy episodic drinking and alcohol-related morbidity and mortality. Adding these indicators brings the SDG indicators in line with WHO's goals as endorsed by Member States.

Support evidence-based decision making to reduce alcohol-related harm

It is our view that total consumption of alcohol is not an appropriate indicator of harmful use and if used in this context, will obscure the harmful behaviours that need to be measured.


Any discussion of progress in this area must be anchored in this premise, so that policy solutions can be targeted towards groups affected by harms, rather than population wide proposals. These two additional indicators will support evidence-based decision making to reduce alcohol-related harm.

It is also consistent with the New Zealand Government Policy Statement for Health where indicator 8.02 (Increased action on five modifiable risk factors (alcohol consumption)), focuses on percentage of people aged 15 years and over who engage in hazardous alcohol consumption.

We look forward to a positive outcome from the review of the SDG indicator 3.5.2.

Yours sincerely

s 9(2)(a)



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Question 1 document

Alex Fuller

From: Alison Cossar
Sent: Tuesday, 2 July 2024 9:04 am
To: s 9(2)(a) [redacted]@nzwine.com; s 9(2)(a) [redacted]@hospitality.org.nz>;
s 9(2)(a) [redacted]
Cc: Ross Bell
Subject: Meeting with the Public Health Agency
Categories: FYI

Kia ora koutou

It has been quite a while since Ross and I have met with you, and we are hoping we can meet soon.

Ross is currently away and I know it has taken some time to align calendars in the past, so can I suggest Monday 5 August 2 - 3pm as a starter for 10 here at the Ministry?

Ngā mihi
Alison

Alison Cossar ([she/her](#))
Manager
Public Health Policy and Regulation
Public Health Agency| Te Pou Hauora Tūmatanui
s 9(2)(a) [redacted]
alison.cossar@health.govt.nz
Manatū Hauora, 133 Molesworth Street, Thorndon, Wellington 6011



Question 1 document

Alex Fuller

From: Ross Bell
Sent: Thursday, 5 September 2024 12:40 pm
To: s 9(2)(a) ; Alison Cossar; Salli Davidson
Cc: s 9(2)(a) @spiritsnz.org.nz
Subject: RE: SDG Indicators letter

Thanks again for meeting, and thanks for sending the SDG project info through

I'll be in touch again soon to set up a meeting before the end of the year, but I'm writing to introduce you to Salli Davidson, GM of Global Health. I've let Salli know of your interest to connect on multilateral alcohol policy issues.

Kindest regards
Ross

Ross Bell
Group Manager
Strategy, Monitoring and Engagement
Public Health Agency | Te Pou Hauora Tūmatanui
s 9(2)(a)
ross.bell@health.govt.nz
Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



From: s 9(2)(a) @nzwine.com>
Sent: Tuesday, August 20, 2024 11:55 AM
To: Alison Cossar <Alison.Cossar@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>
Cc: D s 9(2)(a) @brewers.org.nz>; s 9(2)(a) @spiritsnz.org.nz <s 9(2)(a) @spiritsnz.org.nz>
Subject: SDG Indicators letter

Dear Alison and Ross

We appreciated meeting with you last week and the updates you shared.

As discussed, please find attached the letter sent by the three industry bodies to Statistics NZ regarding the consultation on proposals to amend the SGD indicators. You can find out more about the consultation and the proposals here <https://unstats.un.org/sdgs/iaeg-sdgs/2025-comprehensive-review/>

Question 1 document

We look forward to meeting with you again before the end of the year. In the meanwhile if we can be of assistance please don't hesitate to get in touch.

Kind regards

s 9(2)(a)



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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Question 1 document

Alex Fuller

From: s 9(2)(a) [redacted]@nzwine.com>
Sent: Tuesday, 1 October 2024 11:57 am
To: Ross Bell; Alison Cossar
Cc: s 9(2)(a) [redacted]@spiritsnz.org.nz)
Subject: RE: SDG Indicators letter

Hi Ross

Yes please also invite s 9(2) [redacted] and s 9(2) [redacted] to attend online if they are available.

If we could meet before 11 October on the draft investment framework that would be ideal as I'm on leave for the rest of October, would that be possible?

Appreciate the link to the speech and FASD initiatives. We'd be interested in discussing the opportunity for industry engagement in the refresh of the action plan, as we were involved in the development of the initial plan.

Kind regards

s 9(2) [redacted]
(~)

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Friday, 27 September 2024 9:37 am
To: s 9(2)(a) [redacted]@nzwine.com>; Alison Cossar <Alison.Cossar@health.govt.nz>
Cc: s 9(2)(a) [redacted]@brewers.org.nz>; s 9(2)(a) [redacted]@spiritsnz.org.nz) s 9(2)(a) [redacted]@spiritsnz.org.nz>
Subject: RE: SDG Indicators letter

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Kia ora

Thanks s 9(2) [redacted] – either of those days works for me – but maybe we aim for the Thursday. I'll get an invite sent out very soon.

Just to yourself, s 9(2) [redacted] and s 9(2) [redacted] – or others as well?

Plus, I might try to find time for a quick online meeting in advance of that to talk further about and get your input into the draft alcohol levy investment framework.

Also, FYI, here's the speech Minister Reti gave at this week's FASD Symposium, where he announced a further tranche of initiatives funded from the levy: <https://www.beehive.govt.nz/speech/speech-fetal-alcohol-spectrum-disorder-symposium-2024>

Ngā mihi
Ross

From: s 9(2)(a) [redacted]@nzwine.com>
Sent: Monday, September 23, 2024 11:06 AM

Question 1 document

To: Ross Bell <Ross.Bell@health.govt.nz>; Alison Cossar <Alison.Cossar@health.govt.nz>
Cc: s 9(2)(a) <[REDACTED]@brewers.org.nz>; s 9(2)(a) <[REDACTED]@spiritsnz.org.nz> <s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>>
Subject: RE: SDG Indicators letter

Dear Ross

Thanks for the introduction, I'll follow up with Salli this week.

I have had a chat to s 9(2)(a) <[REDACTED]> and s 9(2)(a) <[REDACTED]> about possible meeting dates in person as we are all travelling a fair bit over the next few months. I'd like to suggest 7 or 8 November, hoping that would suit your diaries?

Kind regards

s 9(2)(a) <[REDACTED]>

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Thursday, 5 September 2024 12:40 pm
To: s 9(2)(a) <[REDACTED]@nzwine.com>; Alison Cossar <Alison.Cossar@health.govt.nz>; Salli Davidson <Salli.Davidson@health.govt.nz>
Cc: s 9(2)(a) <[REDACTED]@brewers.org.nz>; s 9(2)(a) <[REDACTED]@spiritsnz.org.nz> s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>
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Kindest regards

Ross

Ross Bell

Group Manager

Strategy, Monitoring and Engagement

Public Health Agency | Te Pou Hauora Tūmatanui

+s 9(2)(a) <[REDACTED]>

ross.bell@health.govt.nz

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



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Subject: SDG Indicators letter

Dear Alison and Ross

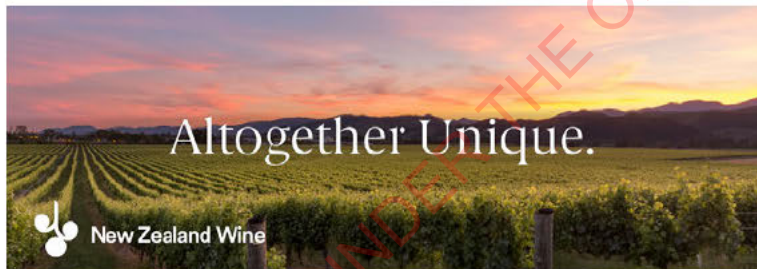
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Out of scope

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Kia ora

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Ngā mihi
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Ross

Ross Bell

Group Manager

Strategy, Monitoring and Engagement

Public Health Agency | Te Pou Hauora Tūmatanui

+s 9(2)(a) <[REDACTED]>

ross.bell@health.govt.nz

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



Question 1 document

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Subject: SDG Indicators letter

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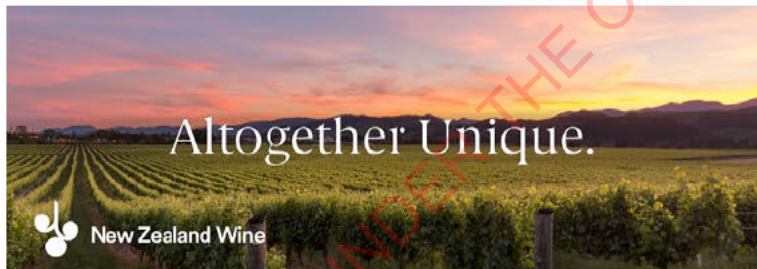
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We look forward to meeting with you again before the end of the year. In the meanwhile if we can be of assistance please don't hesitate to get in touch.

Kind regards

s 9(2)(a)



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Out of scope

Question 1 document

Alex Fuller

From: Ross Bell
Sent: Wednesday, 27 November 2024 1:33 pm
To: s 9(2)(a)
Cc: Alison Cossar; Harsh Vardhan
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

I've just circulated the draft feedback – thanks for your reply receipting that.

On the guidelines – I am hoping the HNZ website will be updated within the next day or so. I'll try to keep an eye on that.

Kindest
Ross

From: s 9(2)(a) @brewers.org.nz
Sent: Tuesday, November 26, 2024 9:56 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Good morning Ross,

I hope you are well and the run up to the end of the year isn't too full on yet!

I just wanted to follow up on your email below as well as our previous discussions on the levy framework piece you were undertaking.

Firstly I know you mentioned we'd likely see something of the levy framework around now. I understand how these things can push out. Is that still a timeline we can expect or even prior to Christmas?

It was raised with me by one of our stakeholders that the Alcohol.org.nz website which hosts the NZ guidelines is still stating that they are under review. Given what you have noted below I was wondering why this was still stated as the case online.

Also, I see there is reference and a link to the recent CCSA publication, Which the site states "the following are more recent guidelines from other jurisdictions: 'Canada's Guidance on Alcohol and Health' ". While this information had been widely publicised. The Canadian official advise has not changed, nor does it reference this advice. I'm concerned the way it is presented on the Alcohol.org.nz site is somewhat misleading.

Any updates on the above would be greatly appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 23 October 2024 11:46 am
To: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

I've talked with Health NZ (Health Promotion). They are undertaking a piece of work on Screening and Brief Interventions. To support this piece of work, they had thought that a refresh of the guidelines was in order.

I've advised them that it's the Ministry's responsibility to lead on any technical/clinical public health guidelines, so they are pausing that specific piece of work on the guidelines but are continuing the important SBI work, using current guidelines.

A refresh of the guidelines is not on our current alcohol levy-related work programme, which is something we would need to agree with relevant ministers anyway. I'll let you know at future meetings if this changes.

Kindest
Ross

From: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Sent: Tuesday, October 22, 2024 10:36 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Thanks Ross,

Appreciate the prompt reply.

Kind regards,

s 9(2)(a)



brewers.org.nz

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Tuesday, 22 October 2024 10:33 am
To: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

Let me follow up with Health NZ – this isn't something on our work programme, and it's probably a responsibility that should sit with the Ministry/Public Health Agency.

I'll reply when I know more.

Ngā mihi
Ross

From: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Sent: Tuesday, October 22, 2024 10:19 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Subject: NZ Alcohol guidelines

Good morning Ross,

I was just on the alcohol.org.nz website and I noted there is an update stating the NZ Alcohol Guidelines are under review. Do you have any information on this process such as when was this work commissioned, a timeline and who is undertaking the review.

Any information would be appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz

Question 1 document

Alex Fuller

From: Carol Graham
Sent: Wednesday, 8 January 2025 8:52 am
To: Ross Bell
Cc: Andrea Tamahaga
Subject: FW: Meeting to discuss multilateral alcohol policy

Kia ora Ross,

As requested, email correspondence from s 9(2)(a) from NZ Winegrowers.

Thanks
Carol

From: s 9(2)(a) @nzwine.com>
Sent: Friday, October 11, 2024 10:36 AM
To: Salli Davidson <Salli.Davidson@health.govt.nz>
Cc: s 9(2)(a) @spiritsnz.org.nz) s 9(2)(a) @spiritsnz.org.nz>; s 9(2)(a) @brewers.org.nz>; Carol Graham <Carol.Graham@health.govt.nz>
Subject: RE: Meeting to discuss multilateral alcohol policy

Hi Sally

Yes that time would work really well, appreciate you being able to coordinate with our existing appointment.

I will look forward to meeting you then.

Kind regards

s 9(2)
(a)

s 9(2)(a)



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Question 1 document

From: Salli Davidson <Salli.Davidson@health.govt.nz>
Sent: Friday, 11 October 2024 10:33 am
To: s 9(2)(a) <[REDACTED]@nzwine.com>
Cc: s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>; s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>; s 9(2)(a) <[REDACTED]@brewers.org.nz>; Carol Graham <Carol.Graham@health.govt.nz>
Subject: RE: Meeting to discuss multilateral alcohol policy

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Kia ora s 9(2)

Thanks very much for being in touch. I could meet between 2.00-2.45pm on 7 November, if that would suit.

During the meeting I would be happy to be briefed on your international engagements. I'm afraid I won't have a lot to share re preparation for the UN HLM on SDGs as this is led by MFAT and is not yet on our radar.

I'm copying my colleague, Carol, who can get an invite in our calendars and I'll look forward to meeting you then.

Aku mihi
Salli

From: s 9(2)(a) <[REDACTED]@nzwine.com>
Sent: Friday, October 11, 2024 10:23 AM
To: Salli Davidson <Salli.Davidson@health.govt.nz>
Cc: s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>; s 9(2)(a) <[REDACTED]@spiritsnz.org.nz>; s 9(2)(a) <[REDACTED]@brewers.org.nz>
Subject: RE: Meeting to discuss multilateral alcohol policy

Hi again Salli

Our meeting with Ross Bell has been confirmed for 1-2pm on 7 November, so if you were available that day near those times it would be appreciated.

Kind regards

s 9(2)

s 9(2)(a)



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Question 1 document

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From: s 9(2)(a)
Sent: Friday, 4 October 2024 4:01 pm
To: Salli Davidson <Salli.Davidson@health.govt.nz>
Cc: s 9(2)(a) <[s 9\(2\)\(a\)@spiritsnz.org.nz](mailto:s 9(2)(a)@spiritsnz.org.nz)> <[s 9\(2\)\(a\)@spiritsnz.org.nz](mailto:s 9(2)(a)@spiritsnz.org.nz)>; s 9(2)(a) <[s 9\(2\)\(a\)@brewers.org.nz](mailto:s 9(2)(a)@brewers.org.nz)>
Subject: Meeting to discuss multilateral alcohol policy

Dear Salli

Ross Bell has kindly shared your email details.

I write to suggest a meeting in November to discuss international policy developments regarding harmful use of alcohol, and in particular the development of New Zealand's position in the lead up to the UN High Level Meeting on SDG's in 2025.

At the same time we would be happy to update you on the conversations our industry bodies are having at the international level.

The attendees would be myself, s 9(2)(a) from Spirits NZ and s 9(2)(a) from the Brewers Association.

As we will be visiting the Ministry of Health on 7 November to meet with Ross Bell, I was hoping we could also coordinate to meet with you and any of your team that day also.

If I can share any information in advance I'm happy to coordinate that.

Kind regards

s 9(2)(a)

s 9(2)(a)



Question 1 document

Alex Fuller

From: s 9(2)(a) @spiritsnz.org.nz
Sent: Wednesday, 12 February 2025 2:43 pm
To: s 9(2)(a); Ross Bell
Cc: s 9(2)(a) @brewersguild.org.nz
Subject: RE: Meeting tomorrow

Hi Ross

I can attend in person as well.

s
9

From: s 9(2)(a) @nzwine.com
Sent: Wednesday, 12 February 2025 2:41 pm
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: s 9(2)(a) @brewers.org.nz; s 9(2)(a) @hospitality.org.nz; s 9(2) @brewersguild.org.nz; s 9(2)(a) @spiritsnz.org.nz
Subject: Meeting tomorrow

Hi Ross

Thanks for the meeting invitation and proposed agenda. I'm able to attend in person.

Do we have a quorum to proceed? If not it would be good to find another time.

I had no further items to add to the draft agenda you proposed being:

- Update from Ministry - Alcohol levy setting, including investment framework
- Update from Ministry – FASD Strategic Action Plan update on when consultation will occur
- Discussion re Health Survey, with people from our Evidence, Research and Innovation Directorate

Kind regards

s 9(2)
(a)

s 9(2)(a)

s 9(2)(a) | www.nzwine.com



Question 1 document



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Question 1 document

Alex Fuller

Subject: Proposed: Alcohol industry reps and Ministry of Health regular meeting
Location: Microsoft Teams Meeting; ROOM WLG GC.11-Display-Semi Public (8)

Start: Thu 13/02/2025 10:00 am
End: Thu 13/02/2025 11:30 am
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Ross Bell

Required Attendees: s 9(2) @nzwine.com; s 9(2)(a) @brewersguild.org.nz;
(a) Harsh Vardhan; Samuel Andrews; Cynthia Khan; Peter Dolan

Resources: ROOM WLG GC.11-Display-Semi Public (8)

Let me know other dates/times if this doesn't work, plus also agenda items.

Draft agenda:

- Update from Ministry - Alcohol levy setting, including investment framework
- Update from Ministry – FASD Strategic Action Plan update on when consultation will occur
- Discussion re Health Survey, with people from our Evidence, Research and Innovation Directorate

Microsoft Teams [Need help?](#)

s 9(2)(k)

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Question 1 document

Alex Fuller

From: s 9(2)(a) @nzwine.com>
Sent: Monday, 31 March 2025 3:19 pm
To: Harsh Vardhan
Cc: Ross Bell; Cynthia Khan; s 9(2)(a) @spiritsnz.org.nz) s 9(2)
Subject: Re: Submission - Draft FASD Strategic Action Plan

Dear Harsh

Thank you for sharing the draft FASD plan.

NZW fully supports the points made in the Spirits New Zealand comprehensive submission, in particular:

- the prevalence of FASD is not disputed, however the full extent in New Zealand is only estimated. To be able to measure effectiveness of interventions further investigation and assessment of FASD in New Zealand is required. We would be grateful for an update on work in this area.
- the plan should properly be targeted at addressing FASD and it is of concern that wider, population based controls are referenced throughout the document.
- Where appropriate the industry would like to consider options to participate in activities to assist in achieving the plan's outcomes.

We look forward to an update at the next quarterly meeting.

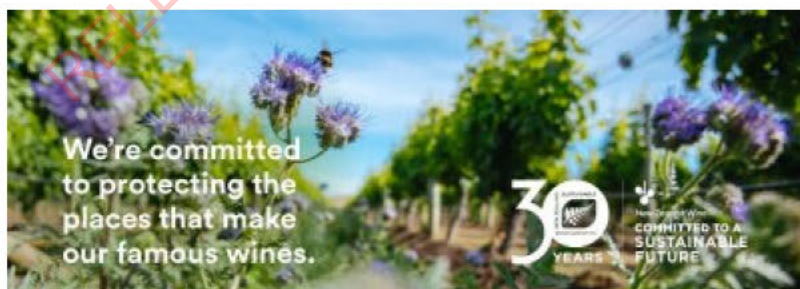
Kind regards

s 9(2)
(a)

s 9(2)(a)



New Zealand Wine
Altogether Unique.



Question 1 document

From: s 9(2)(a)
Sent: Friday, March 28, 2025 4:05 PM
To: Harsh Vardhan; Nicola Crennan, s 9(2)(a) @brewersguild.org.nz
Cc: Ross Bell; Cynthia Khan
Subject: Submission - Draft FASD Strategic Action Plan

CAUTION: This email originated from outside of **New Zealand Winegrowers**. Do not click on links or open attachments unless you recognize the sender email and know the content is safe.

Hello Harsh

Please find attached Spirits NZ's submission on the draft plan. Thank you for the opportunity to input into this process.

All the best.

s 9(2)
(a)

s 9(2)(a)



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Spirits New Zealand

Submission – Draft Fetal Alcohol
Spectrum Disorder Strategic Action Plan:
2025 – 2028.

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March 2025

Introduction

Spirits New Zealand is the national trade organisation representing New Zealand's leading producers, distributors, brand owners and importers of premium spirits and spirit-based drinks. Our members are Asahi, Bacardi, Brown-Forman, Diageo, Federal Merchants, Hancocks, Lion, Moet-Hennessy, Pernod Ricard and Suntory Global Spirits.

Thank you for the opportunity to comment on this important topic. The last time we had the opportunity to input into planning on this matter was February 2016 when the then Ministry of Health released *Taking Action on Fetal Alcohol Spectrum Disorder (FASD)*.

This culminated in the publishing of *Taking Action on Fetal Alcohol Spectrum Disorder: 2016–2019. An Action Plan* in August 2016. What is proposed today and what was published in 2016 are remarkably similar in both intent, underlying principles and objectives - albeit it with the 2025 proposal displaying a more detailed insight into some of the identified areas of focus.


Our support for the 2016 plan was manifest. Not only did we commend its intent and approach the wider industry also committed to additional work to help promote messages to pregnant women and their partners.

This culminated in a promotional programme using various channels through our social engagement platform – *Cheers!* The YouTube element of this programme can be found [here](#).¹

Spirits NZ again commends government's focus on this area and looks forward to further discussion, refinement and execution of the proposed strategy with our continued involvement as appropriate.

Thank you.

s 9(2)(a)



¹ Please note that the industry campaign specifically targeted more "mature" couples (perhaps in their second pregnancy) as the then available evidence showed that this was an at-risk group. This was to compliment the then Health Promotion Agency's campaign targeting a much more diverse audience.

Submission

General Comments

1. Spirits NZ understands the importance of programmes, actions and messaging that support an increased understanding amongst at-risk groups and which actively encourage these groups not to drink while pregnant. We are very supportive of targeted programmes to identified audiences as, in our experience, such programmes have a more immediate impact, can be made more specific and tailored, and the results of which are more easily (and cost effectively) measured.
2. The draft strategy uses different levels of language to describe both strategic outcomes as well as more tactical interventions. In some places an “all of New Zealand” commentary dominates where in other sections emphasis is placed on identifying at-risk cohorts with the implication being that a specific focus is required.
3. We believe the plan launched in 2016 ultimately failed because it, too, struggled with this duality. Was the plan a multi-level campaign speaking to all of New Zealand or was it a plan that clearly identified at-risk groups and tailored interventions to them?
4. In the end the plan seemed to try to be both. This led to a, sometimes, schizophrenic approach that was not easily fundable and the results of which were unmeasurable.
5. An example of this was the then Health Promotion Agency’s campaign “Pre-Testie Bestie” whose ultimate audience seemed to be any woman of child-bearing age who may or may not be having sex and who may or may not be pregnant. This was an impossible audience to communicate with in a meaningful way but exemplifies the difficulties of trying to be both targeted and collectively national at the same time without careful thinking of the implications of this.
6. This is not to say you cannot have nationally communicated messages or interventions that link in a vertically integrated fashion down to target audiences in a way that resonate from “top” to “bottom” – many strategies and campaigns ably achieve this. However the thinking, planning and execution frameworks needed to successfully achieve this need to be spudded in at the beginning of the planning process.
7. As stated above our concern with the draft strategy in this regard is that this may not have been fully thought through. We would ask that the Public Health Agency give close consideration to this.

Data and Effectiveness Measures

8. We fully support the comments in the draft plan indicating the importance of and the need for better data and measurement frameworks for FASD. We are concerned, however, that the intention seems to be launch activity without sufficient data and measurement frameworks in place.
9. It was our understanding that the previous Minister of Health had directed officials to undertake a programme of work to gather data on FASD prevalence which would then be used as a baseline against which all other activity could be measured. We would therefore request an update on the status of this work.

Question 1 document

10. Our concerns are manifest when you consider that one of the key metrics quoted in the draft strategy document states –

Estimates of FASD prevalence are that between 3–5% of the school-aged population is affected (around 1,800 to 3,000 children born with FASD per year). (Page 13 of document)

11. The reference to this statement points at an internal Health Ministry document which, when examined, states -

There is no data on the prevalence of FASD in New Zealand, but international studies and expert opinion suggest that around 3 to 5 percent of people may be affected by the effects of alcohol exposure before birth. This implies that around 1800-3000 babies may be born with FASD each year in New Zealand.

12. This is simply not credible and is similar to the situation that existed when the last plan was developed in 2016.
13. We cannot see how any FASD-prevention plan can be started without good data as a baseline. We would ask that the Public Health Agency give assurances that work on measurement frameworks occurs prior to other plan elements being launched.

Intent and Use of Language

14. Further to the points we make in our general comments above there are specific references made about alcohol use in New Zealand that have us question whether the draft strategy is a treatise on broader alcohol reform or a strategy focusing on specific interventions about a specific problem. By way of example the following were copied from the draft strategy –

...an environment and culture in which alcohol is highly accessible, use is normalised, and there are high rates of hazardous drinking...(page 10)

Addressing policy settings that will reduce children's exposure to marketing of alcohol (Priority Actions Delivery Table)

Alcohol consumption is ingrained in society... (Social investment and FASD across the life course intervention logic (diagram) Page 21)

Addressing policy settings which appropriately limit normalisation and accessibility of alcohol. (Social investment and FASD across the life course intervention logic (diagram) Page 21)

Overall alcohol consumption and rates of hazardous drinking are reduced. (Social investment and FASD across the life course intervention logic (diagram) Page 21)

15. We are not going to rebut or debate these statements here but would point out that there is a difference between the development of a strategy focused on reducing FASD and a whole-of-government approach on beer, wine and spirits consumption that supports better drinking and reduces harmful consumption. We feel that some of what is suggested or inferred above might be more relevant as a whole-of-government discussion rather than one that is proposed just through the lens of reducing FASD.

Question 1 document

Industry Involvement

16. We note that the draft strategy has been developed following a broad set of discussions with community groups and other stakeholders. Spirits NZ would propose that it is involved in future discussions as a partner, as appropriate, in any programmes that seek to directly influence target groups.
17. In general, and by way of example, industry has access to communication channels that government does not. We are more than willing to continue discussions with the Public Health Agency as to how we might be involved in amplifying messages or campaign elements through some or all of these channels.
18. This would include noting that Life Education Trust currently and independently implements an in-schools education programme called Smashed (<https://www.lifeeducation.org.nz/smashed>) whose aim is to provision students with the information and confidence to make safe drinking decisions (including not drinking at all).
19. Smashed is jointly funded by Spirits NZ, NZ Winegrowers and the Brewers Association of New Zealand and reaches between 20,000 and 25,000 year nine students annually. It has been independently assessed by the New Zealand Council of Educational Research (summary of this assessment can be found at - https://www.lifeeducation.org.nz/nzcer_smashed).

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Question 1 document

Alex Fuller

From: s 9(2)(a) [redacted] @spiritsnz.org.nz
Sent: Wednesday, 7 May 2025 10:00 am
To: Ross Bell
Cc: s 9(2)(a) [redacted] @nzwine.com
Subject: RE: This Thursday

Thanks Ross.

s
9

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 7 May 2025 9:57 am
To: s 9(2)(a) [redacted] @spiritsnz.org.nz
Cc: s 9(2)(a) [redacted] @brewers.org.nz; s 9(2) [redacted] @nzwine.com
Subject: RE: This Thursday

Thanks s 9(2) [redacted]

No worries.

I don't have much on my list anyway, as the key bits of work (levy renewal, and FASD action plan refresh) are still under active consideration with Minister Doocey.

Regards
Ross

From: s 9(2)(a) [redacted] @spiritsnz.org.nz
Sent: Wednesday, May 7, 2025 8:33 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: s 9(2)(a) [redacted] @brewers.org.nz; s 9(2) [redacted] @nzwine.com
Subject: This Thursday

Hi Ross


I'll be in Auckland for our Thursday meeting and will have about 15 minutes before I will need to head off for a meeting sorry. I know s 9(2) [redacted] and s 9(2) [redacted] are far more reliable and will be there for the duration.

Apologies for being elsewhere.

s 9(2) [redacted]

Get [Outlook for Android](#)

Out of scope



Alex Fuller

From: s 9(2)(a) @brewers.org.nz
Sent: Tuesday, 22 October 2024 10:36 am
To: Ross Bell
Cc: Alison Cossar; Harsh Vardhan
Subject: RE: NZ Alcohol guidelines

Thanks Ross,

Appreciate the prompt reply.

Kind regards,

s 9(2)(a)



brewers.org.nz



From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Tuesday, 22 October 2024 10:33 am
To: s 9(2)(a) @brewers.org.nz
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

Let me follow up with Health NZ – this isn't something on our work programme, and it's probably a responsibility that should sit with the Ministry/Public Health Agency.

I'll reply when I know more.

Ngā mihi
Ross

From: s 9(2)(a) @brewers.org.nz
Sent: Tuesday, October 22, 2024 10:19 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Subject: NZ Alcohol guidelines

Good morning Ross,

I was just on the alcohol.org.nz website and I noted there is an update stating the NZ Alcohol Guidelines are under review. Do you have any information on this process such as when was this work commissioned, a timeline and who is undertaking the review.

Any information would be appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz



Out of scope



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Alex Fuller

From: s 9(2)(a) @brewers.org.nz
Sent: Wednesday, 23 October 2024 12:31 pm
To: Ross Bell
Cc: Alison Cossar; Harsh Vardhan
Subject: RE: NZ Alcohol guidelines

Hi Ross,

Thanks for the update. Good to understand the process for future reference. I know it is something that had been discussed a few years back with the HPA raising it with industry, but hadn't been progressed.

We'd obviously want to understand how the review was being undertaken as we often reference the guidelines.

Look forward to catching up in a few weeks.

Kind regards,

s 9(2)(a)



brewers.org.nz

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 23 October 2024 11:46 am
To: s 9(2)(a) @brewers.org.nz
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

I've talked with Health NZ (Health Promotion). They are undertaking a piece of work on Screening and Brief Interventions. To support this piece of work, they had thought that a refresh of the guidelines was in order.

I've advised them that it's the Ministry's responsibility to lead on any technical/clinical public health guidelines, so they are pausing that specific piece of work on the guidelines but are continuing the important SBI work, using current guidelines.

A refresh of the guidelines is not on our current alcohol levy-related work programme, which is something we would need to agree with relevant ministers anyway. I'll let you know at future meetings if this changes.

Kindest
Ross

From: s 9(2)(a) <[REDACTED]@brewers.org.nz>
Sent: Tuesday, October 22, 2024 10:36 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Thanks Ross,

Appreciate the prompt reply.

Kind regards,

s 9(2)(a)



brewers.org.nz



From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Tuesday, 22 October 2024 10:33 am
To: s 9(2)(a) <[REDACTED]@brewers.org.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

Let me follow up with Health NZ – this isn't something on our work programme, and it's probably a responsibility that should sit with the Ministry/Public Health Agency.

I'll reply when I know more.

Ngā mihi
Ross

From: s 9(2)(a) <[REDACTED]@brewers.org.nz>
Sent: Tuesday, October 22, 2024 10:19 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Subject: NZ Alcohol guidelines

Good morning Ross,

I was just on the alcohol.org.nz website and I noted there is an update stating the NZ Alcohol Guidelines are under review. Do you have any information on this process such as when was this work commissioned, a timeline and who is undertaking the review.

Any information would be appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz

Out of scope

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Alex Fuller

From: Kathrine Clarke <Kathrine.Clarke@tewhatuora.govt.nz>
Sent: Thursday, 7 November 2024 11:33 am
To: Ross Bell
Subject: RE: Low risk guidelines

Thanks Ross my apology I have been in the weeds on reset, and have not bubbled this to the top of our priority list. I have asked Tom to raise as a priority today and he will action. I will come back to you

Kathrine

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Thursday, 7 November 2024 11:01 am
To: Kathrine Clarke <Kathrine.Clarke@tewhatuora.govt.nz>
Subject: Low risk guidelines

Kia ora Kathrine

The attached document has been sent to Minister Doocey from Tom – it contains reference to the low risk drinking guidelines, but as per our discussion those guidelines should be led by the Ministry and also haven't been socialised with ministers in previous advice we've put up about the levy.

Can you let me know when the memo to SPHLG about these guidelines is being tabled.

Ngā mihi

Ross

Alex Fuller

From: Ross Bell
Sent: Monday, 11 November 2024 3:27 pm
To: Kathrine Clarke
Subject: More on the low risk drinking guidelines

Kia ora Kathrine

The NPHS team has just updated some info for the FASD action plan, and have included this information on the low-risk drinking guidelines, which seems that the work is still continuing.

Are you able to confirm that these activities have been paused until we can discuss further with SPHLG?

<p>Low-risk drinking advice update – Phase 1 of this project is currently in the field and involves an update of the evidence post 2020, a review of NZ specific evidence particularly for population groups that experience more harm from alcohol e.g. Māori, Pacific, young people and women, comparison of alcohol consumption between countries and recommendations for next phases of this project.</p>	<p>This will provide the foundation for the updated low-risk drinking advice. Low-risk drinking advice underpins many aspects of work in the alcohol sector across the spectrum of care. It also involves specific messaging for women who are planning on getting pregnant, are pregnant or are breastfeeding. This population group will have updated information on alcohol to help them make informed choices. It is likely that the current advice will change substantially which in turn should lead to less women drinking during pregnancy.</p>	<p>Health Promotion, NPHS</p>	<ul style="list-style-type: none"> Phase 1 will be completed by end of December 2024. The end product (updated advice) will be completed by end of 2025. 	<p>3 x phases to this project: Phase 1: Evidence update, guideline reviews, NZ specific literature review and recommendations for next phase Phase 2: Statistical modelling, expert scientific panel that will develop new advice and consultation Phase 3: Product development, dissemination and socialisation.</p>
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Thanks
 Ross

Ross Bell
 Group Manager
 Strategy, Monitoring and Engagement
 Public Health Agency | Te Pou Hauora Tūmatanui
 s 9(2)(a)
ross.bell@health.govt.nz
 Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



Alex Fuller

From: Ross Bell
Sent: Wednesday, 27 November 2024 1:33 pm
To: Dylan Firth
Cc: Alison Cossar; Harsh Vardhan
Subject: RE: NZ Alcohol guidelines

Kia ora s
9(2)

I've just circulated the draft feedback – thanks for your reply receipting that.

On the guidelines – I am hoping the HNZ website will be updated within the next day or so. I'll try to keep an eye on that.

Kindest
Ross

From: s 9(2)(a) @brewers.org.nz
Sent: Tuesday, November 26, 2024 9:56 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Good morning Ross,

I hope you are well and the run up to the end of the year isn't too full on yet!

I just wanted to follow up on your email below as well as our previous discussions on the levy framework piece you were undertaking.

Firstly I know you mentioned we'd likely see something of the levy framework around now. I understand how these things can push out. Is that still a timeline we can expect or even prior to Christmas?

It was raised with me by one of our stakeholders that the Alcohol.org.nz website which hosts the NZ guidelines is still stating that they are under review. Given what you have noted below I was wondering why this was still stated as the case online.

Also, I see there is reference and a link to the recent CCSA publication, Which the site states "the following are more recent guidelines from other jurisdictions: 'Canada's Guidance on Alcohol and Health' ". While this information had been widely publicised. The Canadian official advise has not changed, nor does it reference this advice. I'm concerned the way it is presented on the Alcohol.org.nz site is somewhat misleading.

Any updates on the above would be greatly appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 23 October 2024 11:46 am
To: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)(a)

I've talked with Health NZ (Health Promotion). They are undertaking a piece of work on Screening and Brief Interventions. To support this piece of work, they had thought that a refresh of the guidelines was in order.

I've advised them that it's the Ministry's responsibility to lead on any technical/clinical public health guidelines, so they are pausing that specific piece of work on the guidelines but are continuing the important SBI work, using current guidelines.

A refresh of the guidelines is not on our current alcohol levy-related work programme, which is something we would need to agree with relevant ministers anyway. I'll let you know at future meetings if this changes.

Kindest
Ross

From: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Sent: Tuesday, October 22, 2024 10:36 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Thanks Ross,

Appreciate the prompt reply.

Kind regards,

s 9(2)(a)



brewers.org.nz

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Tuesday, 22 October 2024 10:33 am
To: s 9(2)(a) <[s9\(2\)\(a\)@brewers.org.nz](mailto:s9(2)(a)@brewers.org.nz)>
Cc: Alison Cossar <Alison.Cossar@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Subject: RE: NZ Alcohol guidelines

Kia ora s 9(2)

Let me follow up with Health NZ – this isn't something on our work programme, and it's probably a responsibility that should sit with the Ministry/Public Health Agency.

I'll reply when I know more.

Ngā mihi
Ross

From: Dylan Firth <Dylan.firth@brewers.org.nz>
Sent: Tuesday, October 22, 2024 10:19 AM
To: Ross Bell <Ross.Bell@health.govt.nz>
Subject: NZ Alcohol guidelines

Good morning Ross,

I was just on the alcohol.org.nz website and I noted there is an update stating the NZ Alcohol Guidelines are under review. Do you have any information on this process such as when was this work commissioned, a timeline and who is undertaking the review.

Any information would be appreciated.

Kind regards,

s 9(2)(a)



brewers.org.nz

Minister Doocoy
Minister for Mental Health

Noting the role of alcohol nurses in the Australian context, you requested information on the feasibility of using alcohol nurses in various health care setting in NZ, as part of a priority action for addressing alcohol as a modifiable risk factor as part of the 5x5 NCD Prevention Framework.

Background on alcohol nurses

1. In Australia, alcohol and other drug (AOD) nurses are a key part of the drug and treatment landscape. The Australian Health Practitioner Registration Agency (AHPRA) indicates that 2,002 nurses and midwives during the 2018 registration period reported AOD as their primary area of practice.
2. The Nursing Council of New Zealand indicates that 276 nurses reported AOD as their primary area of practice during the 2018 period. AOD nurses provide specialist screening and assessment, advice and brief interventions and treatment to patients admitted to general medical and hospital settings.

Role in delivering Screening, brief interventions and referral for treatment (SBRIT)

3. Screening, brief interventions and referral for treatment (SBRIT), is an individual level, evidence based best practice for reducing alcohol harms. It aims to identify hazardous or harmful drinking, provide feedback, information, and advice on reducing alcohol consumption; and prevent alcohol-related harms.

Other workforces to support SBRIT

4. As well as plans to support nurses and other allied health staff to deliver SBIRT, it is important to have specialist teams who are able to support non-addiction frontline staff in delivering different SBRIT models such as alcohol ABC, provide more in-depth counselling support for patients when needed, and coordinate and facilitate referrals to community-based alcohol treatment and support services. In the hospital setting 'specialist teams' i.e., addiction liaison specialists (including psychiatrists, nurses, and other addiction support staff) are currently very stretched and there is an opportunity to explore strengthened models of care.
5. NPHS is also scoping with NZ Police for a shared Alcohol ABC initiative.

Opportunities for SBRIT in the NZ Context

6. There is currently a lack of a nationally consistent approach to alcohol SBRIT and all the potential levers (tools, trainings, workforce development, new models of care) and pockets of work around the country need to be pulled together to ensure a strong and coherent way forward.
7. Various district level pilots have been developed prior to the health system reforms.
 - 7.1. Counties Manukau implementing Alcohol ABC (an empathetic way of having conversations about alcohol use with patients) in a range of health care settings including general practices, Middlemore Hospital ED, an in-patient ward, the outpatient Hand and Therapy Service, the Living Smokefree Service, and DHB maternity service.

Two community projects were also supported – a social service provider in Manurewa and another within a local Police Family Intervention team.

- 7.2. National Public Health Service has also supported the rollout of other SBIRT pilots at a district level (such as the AUDIT-C tool), including supporting primary care, ED, and maternity services in Whanganui. Uptake has been mixed.
8. There is an opportunity to invest in implementing Alcohol ABC approaches within frontline services providing care to women of childbearing age, including prenatal and postnatal care services as part of a cross-sector approach to the prevention of FASD.
9. The FASD action plan 2016-2019 included an action area of supporting primary care to provide high-quality, responsive and equitable maternity care, including SBI for alcohol. However, the action plan was not evaluated for impact. Challenges with uptake of SBI in different settings have been well documented.

Steps towards achieving national consistency are underway

10. National Public Health Service has initiated a new programme named “Building health service capacity for prevention” funded from the 24/25 alcohol levy that aims to design the building blocks for a national approach to alcohol SBIRT. Some of these building blocks include updating the national low risk drinking advice (last updated in 2011), developing standardised tools and training for SBIRT, and identifying key levers and workforce options (including alcohol nurses) and timelines for national implementation.

Key NPHS milestones

- Low risk drinking advice phase 1 completed in December 2024
- Low risk drinking advice phase 2 initiated by February 2025.
- Alcohol risk communication tool (ARCT) tool refreshed and updated by December 2024
- Alcohol ABC roadmap developed by end of February 2025
- SBIRT governance group established by April 2025

Considerations to expanding

11. By taking a national implementation approach to SBI this programme seeks to mitigate issues that have occurred in the past such as inconsistency of guidance and advice, district variation, lack of standardised digital tools and trainings, concerns around stigma of alcohol use, and lack of national mandate.
12. Once the foundations have been laid for national rollout, additional investment and wider health system buy-in will be required to address:
- Significant workforce shortages, staff turnover and recruitment constraints which contribute to high workloads, competing priorities and time pressure are a significant barrier to implementing alcohol SBIRT.
 - A lack of IT infrastructure and integration particularly in the hospital setting which has been challenging requiring a hybrid electronic and paper-based processes and time-consuming manual audits in some cases.
 - Integration between primary and secondary settings with alcohol support services to improve difficulties navigating and accessing timely support for patients, clients, and families.

Alex Fuller

From: Kathrine Clarke <Kathrine.Clarke@tewhatuora.govt.nz>
Sent: Wednesday, 4 December 2024 10:02 am
To: Ross Bell
Cc: Matt Hannant; Andrew Old
Subject: RE: Status of low risk drinking guidelines

Kia ora Ross

Thank you outlining our korero in relation the the low risk drinking kaupapa. This is to confirm that phase one is due to be completed, and I have spoken to the team about removing the current reference to the review from the website. And concur with the 2nd point in your email.

Kathrine

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Tuesday, 3 December 2024 6:45 am
To: Kathrine Clarke <Kathrine.Clarke@tewhatuora.govt.nz>
Cc: Matt Hannant <Matt.Hannant@tewhatuora.govt.nz>; Andrew Old (MoH) <Andrew.Old@health.govt.nz>
Subject: Status of low risk drinking guidelines

Kia ora Kathrine

Just following up our chat yesterday with a summary of where I think we've landed.

1. Phase 1 of the low risk drinking guidelines (now called Alcohol and Health) is complete, or near complete this month.

All work on this project will now pause. You will update relevant Health NZ websites to remove references to the review and also to other jurisdictions' guidelines (including the Canadian one).

I'd also request that Health NZ removes this project as an action in the draft NZ Health Plan (and suggest it's replaced with the wider screening and BI work).

2. We don't proceed with Phase 2 of this work until 2 key issues are resolved:

The first, is giving ministers Reti and Doocey greater visibility of this work and of potential next steps, as well as seek their agreement that this work fits as a priority for alcohol levy funding.

The second, is agreeing who would lead this work. I'm in the camp of people who say the Ministry is responsible for setting higher level technical/scientific/medical guidelines (as we are doing for the nutrition work, for example). I know there are other views. And regardless, I know if this work was to continue, we would do it jointly.

I'd recommend that in the new year, you and I table a paper to SPHLG on this 2nd question.

For clarity, I understand the need to update the guidelines, but I also think we haven't properly given visibility of this work to Ministers and other key stakeholders.

Ngā mihi
Ross

Ross Bell

Group Manager, Strategy, Monitoring and Engagement
s 9(2)(a)

ross.bell@health.govt.nz

Te Pou Hauora Tūmatanui | Public Health Agency
Manatū Hauora | Ministry of Health

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Alex Fuller

From: Ross Bell
Sent: Wednesday, 27 November 2024 1:11 pm
To: s 9(2) @nzwine.com; s 9(2)(a) @brewersguild.org.nz
Cc: Cynthia Khan; Harsh Vardhan; Samuel Andrews
Subject: Draft Alcohol Levy investment framework
Attachments: Alcohol Levy Investment Framework - draft version for consultation.pdf
Importance: High

Tēnā koutou

As discussed and as promised, attached is the draft Alcohol Levy Investment Framework for your consideration and feedback.

This draft Framework will guide alcohol levy programme investment decisions for levy funding starting from the 2025/2026 period.

We have some key questions to cover any comments you may want to provide:

1. Is the process set out in the Investment Framework clear?
2. Do you have any comments on the criteria for assessing programme level investments (appendix 2)?
3. Any additional comments?

Please provide any written response by **Wednesday 4 December** 2024, and I'll also try to schedule an online meeting that week to receive any verbal feedback/discussion as well.

Following consultation and Ministerial approval we intend to have the Framework finalised and published in the first part of next year to inform the next levy setting process.

Let me know any questions, otherwise, thank you in advance for your input.

Ngā mihi
Ross

Alex Fuller

From: s 9(2)(a) @brewers.org.nz
Sent: Wednesday, 27 November 2024 1:30 pm
To: Ross Bell; s 9(2)(a) @nzwine.com; s 9(2)(a) @brewersguild.org.nz
Cc: Cynthia Khan; Harsh Vardhan; Samuel Andrews
Subject: RE: Draft Alcohol Levy investment framework

Thanks Ross,

We'll take a good look and come back to you in due course.

Kind regards,

s 9(2)(a)



brewers.org.nz



From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 27 November 2024 1:11 pm
To: s 9(2)(a) @nzwine.com; s 9(2)(a) @spiritsnz.org.nz; s 9(2)(a) @brewers.org.nz; s 9(2)(a) @hospitality.org.nz; s 9(2)(a) @brewersguild.org.nz
Cc: Cynthia Khan <Cynthia.Khan@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Samuel Andrews <Samuel.Andrews@health.govt.nz>
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Let me know any questions, otherwise, thank you in advance for your input.

Ngā mihi
Ross

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Alex Fuller

From: Ross Bell
Sent: Wednesday, 4 December 2024 2:24 pm
To: s 9(2)(a)
Subject: RE: Optional meeting to discuss feedback on draft Alcohol Levy Investment Framework

Thanks s 9(2)

Please do send any written feedback Hospitality might have.

Ngā mihi
Ross

From: s 9(2)(a) @hospitality.org.nz
Sent: Wednesday, December 4, 2024 2:16 PM
To: Ross Bell <Ross.Bell@health.govt.nz>
Subject: Re: Optional meeting to discuss feedback on draft Alcohol Levy Investment Framework

Kia ora Ross, thanks for including me but unfortunately I won't be able to attend.

Cheers,
s 9(2)
s 9(2)(a)

On Wed, Nov 27, 2024 at 2:46 PM Ross Bell <Ross.Bell@health.govt.nz> wrote:

Taking a punt at this time. Taking a second punt – I understand many are involved in a 1pm meeting.

Microsoft Teams [Need help?](#)

s 9(2)(k)

[Find a local number](#)

s 9(2)(k)

[More info](#)

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)



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P: 0800 500 503
PO Box 503, Wellington 6140



The commentary provided in this communication is for the exclusive use of the enquirer and is not to be disclosed to a 3rd party or re-published without consent from Hospitality New Zealand. Any advice provided does not constitute a legal opinion and is based solely on the information by the enquirer.

To seek further clarification, please contact Hospitality New Zealand on 0800 500 503.

Alex Fuller

From: s 9(2)(a) @brewersguild.org.nz>
Sent: Monday, 9 December 2024 10:39 am
To: Ross Bell; s 9(2)(a)
Cc: Cynthia Khan; Harsh Vardhan; Samuel Andrews
Subject: Re: Draft Alcohol Levy investment framework

Hi Ross,

I agree with all of the comments made in the meeting, this does feel very rushed and I have not had a chance to engage with Guild members, especially at their busiest time of year, however I do have some questions and further comments regarding the proposal.

- I note in the annual cycle the funding is annual but the review process is 6 monthly. Does this mean that funding is paid in one lump sum to those who are successful in their application?
- If this is the case, at the point of their 6 monthly review if a programme is not meeting achievements or outcome, what process is there to cease funding programmes that are not performing and redirect those funds.
- We agree that the process seems administration heavy and we do have concerns around the operating costs and the use of the levy for activity that does not directly reduce alcohol harm.
- We question how the levy can be increased without being able to measure current effectiveness and outcomes.
- We would like to know how the levy has been spent year to date.

Thanks for the opportunity to give feedback and input into this.

Warm regards

s 9(2)(a)

On Fri, 29 Nov 2024 at 10:26, Ross Bell <Ross.Bell@health.govt.nz> wrote:

Kia ora s 9(2)

Yes, apologies for the timeline. Let's proceed as you suggest, and we can work at our end with the Ministers' offices about pushing things out if necessary.

Ngā mihi

Ross

From: s 9(2)(a) [redacted] @spiritsnz.org.nz>

Sent: Thursday, November 28, 2024 4:47 PM

To: Ross Bell <Ross.Bell@health.govt.nz>; s 9(2) [redacted] @nzwine.com; s 9(2)(a) [redacted] @brewers.org.nz; s 9(2) [redacted] @hospitality.org.nz; s 9(2) [redacted] @brewersguild.org.nz

Cc: Cynthia Khan <Cynthia.Khan@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Samuel Andrews <Samuel.Andrews@health.govt.nz>

Subject: RE: Draft Alcohol Levy investment framework

Hello Ross

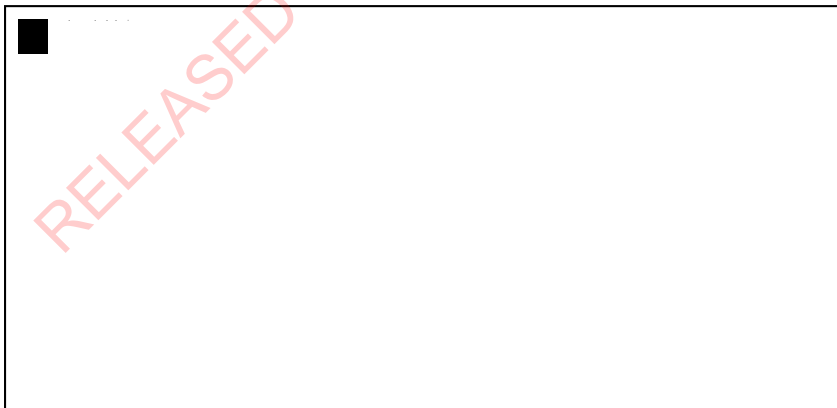
Thanks for getting this to us all and seeking our input/comment. I note that you've proposed a meeting as well which is great.

From Spirits NZ's perspective a written response of any credibility in the timeframe given is not do-able. My members with global links are seeking advice from their HQ's from London to Louisville, Kentucky (yes, this is how important this matter is to them). So perhaps the catch up you have suggested could be a preliminary shakedown of the issues we immediately see as well as allowing us to ask questions that could also feed into my members' consideration of what you're proposing.

Understand you will be running to other timeframes but let's see what is possible.

Thanks.

s 9(2) [redacted]



From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, 27 November 2024 1:11 pm
To: s 9(2) @nzwine.com; s 9(2)(a) @spiritsnz.org.nz; s 9(2)(a) @brewers.org.nz;
s 9(2)(a) @hospitality.org.nz; s 9(2) @brewersguild.org.nz
Cc: Cynthia Khan <Cynthia.Khan@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Samuel Andrews <Samuel.Andrews@health.govt.nz>
Subject: Draft Alcohol Levy investment framework
Importance: High

Tēnā koutou

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We have some key questions to cover any comments you may want to provide:

1. Is the process set out in the Investment Framework clear?
2. Do you have any comments on the criteria for assessing programme level investments (appendix 2)?
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Please provide any written response by **Wednesday 4 December** 2024, and I'll also try to schedule an online meeting that week to receive any verbal feedback/discussion as well.

Following consultation and Ministerial approval we intend to have the Framework finalised and published in the first part of next year to inform the next levy setting process.

Let me know any questions, otherwise, thank you in advance for your input.

Ngā mihi

Ross

Alex Fuller

From: s 9(2)(a) @brewers.org.nz>
Sent: Monday, 9 December 2024 5:24 pm
To: Ross Bell
Cc: s 9(2)(a) @spiritsnz.org.nz); s 9(2)(a)
Subject: Feedback from industry on alcohol levy framework.

Hello Ross

Thank you for the time last week to meet and discuss the draft framework. We are appreciative of the ongoing dialogue on this and other matters.

As promised below is a quick summary of some of the matters we raised for you to consider as you put together the draft framework for Ministers' consideration plus some further thoughts. These represent thoughts from the group.

Setting Process

Something that remains unclear to us through the process you have identified is how the levy will actually be set. One of the key outcomes for our members is an increase in the certainty of what the levy will be with sufficient notice so that any increases can be properly worked into business planning cycles.

With this in mind the current process could be read to mean that it is the application process that drives the levy-setting rather than a prospective levy being set by prior agreement or signalling. We would support the latter approach as this provides better certainty. For example with excise it has the annual adjustment linked to CPI for the year ending March which gives greater ability to forecast over and above when the levy is announced.

While there has not been the ability to formally seek a position on CPI based adjustment from the whole industry, this would allow for earlier planning by yourselves as well as earlier advice to Ministers as to what the levy might be spent on since you, too, will also know what the levy is likely to be. This also fits well within your three year funding cycle.

Once you have received feedback from Ministers on the framework then views could be sought on the setting process.

Scope

It is our view that any proposals for levy spend should demonstrate that they will achieve the Government Policy Statement on Health, which is year on year reduction in the proportion of those aged 15 years and over who engage in hazardous alcohol consumption.

Any additional factors to be considered within scope should be within the legal scope of activities to be funded by the levy, as set out in the Act. We note that you have put through our request on accessing the Crown Law advice through as an OIA.

Seek Treasury input into paper

As paper will go to Associate Minister of Finance, seek early Treasury input.

Support for a multi-year cycle

Activities may require out years funding – which is ok in principle so long as they can demonstrate said activities meets scope requirements and have agreed milestones which will be a stop/go for further funding during the programme's cycle.

Opportunity for industry partnership, including funding

We see that there are opportunities for industry engagement in both the process of levy decision making and also options for delivery of activities. We ask that there is a more robust description in the framework of how this engagement could be enacted.

Best buys

The framework's reliance on the WHO SAFER principles and "Best Buys" as benchmarks for investment raises several concerns:

- *Misalignment with Government Policy:* WHO guidelines are international principles, not domestic government policies.
- *Conflict with National Interests:* The WHO SAFER strategies include measures like restricting availability and raising excise taxes. These broad based initiatives are generally seen as reducing consumption overall and not targeting harmful consumption as set out in the GPS on health.
- *Overemphasis on Restrictions:* Metrics tied to SAFER principles could incentivise programmes that focus excessively on punitive measures, such as limiting availability and marketing, rather than collaborative, education-based harm reduction approaches.

Lack of Emphasis on Harm Reduction Versus Administration Costs

The framework could be improved by ensuring the levy's primary focus is on directly reducing alcohol-related harm. Key concerns include:

- *Overhead and Bureaucracy*: The significant governance layers (Working Group, Steering Group, Shared Public Health Leadership Group) risk consuming a disproportionate amount of levy funds. The framework does not provide clarity on what percentage of funds will be spent on administrative overhead versus direct harm reduction initiatives.
- *Unclear Allocation Metrics*: There is no detailed breakdown or commitment to ensure that the majority of funding directly targets reducing harm, such as community programmes or targeted interventions in high-need areas.

Continuation of Controversial Funding Areas

The framework allows for funding decisions that have previously been criticised for their lack of demonstrated impact on harmful consumption. Examples raised in our meeting included research with little applicable actions in the outcomes, funding of legal support for opposition of licences and replacing existing sponsorship arrangements in sports organisations with funds from the levy.

Outcome Measurement

There is insufficient clarity on how investments will be tied to measurable harm-reduction outcomes, leaving space for low-impact activities to continue receiving funding.

While these represent a number of the matters that we would like some clarity on or have some concern with, we would note that we appreciate the inclusive nature of your development of this framework, which is done in a way with joint outcomes in mind. Ultimately we want to see the best possible fund usage on activities that reduce harmful consumption.

Kind regards,

s 9(2)(a)



brewers.org.nz



Question 4 document

Alex Fuller

From: Harsh Vardhan
Sent: Tuesday, 27 February 2024 8:54 am
To: Government & Executive Services ODDG
Cc: Ross Bell
Subject: Steering group establishment process
Attachments: Terms of reference.docx

Kia ora Governance and executive services team,

I lead the Alcohol Harm Reduction (AHR) Programme of the PHA and Ross Bell is our SRO.

We are planning to establish a cross agency programme steering group (which will include community representation). Please refer to our initial draft Terms of Reference attached.

I have seen the information available on the intranet

<https://mohgovtnz.sharepoint.com/sites/Policies/SitePages/Establishing-and-supporting-boards-and-committees.aspx>

The page talks about the processes around setting up boards and committees. I'm not sure of the Ministry's guidance around a programme level steering group. I was wondering if anyone from your team would be available for a conversation and/or direct us to the relevant information if any.

Thanks

Ngā mihi nui
Harsh

Harsh Vardhan

Programme Manager, Alcohol Harm Reduction
Public Health Strategy and Engagement Group
Te Pou Hauora Tūmatanui | Public Health Agency

Manatū Hauora | Ministry of Health

133 Molesworth Street, Thorndon, Wellington 6011

Email: harsh.vardhan@health.govt.nz

Phone: s 9(2)(a)

www.health.govt.nz



Question 4 document

Teams Messages

[Alison to Kate 16 September 2024]

Hiya. I had a quick chat to Ross about Kathryn and the Steering Group. He says that Kathryn's concerns really boil down to the fact that she was not involved in the appointment of members so Ross has committed to change up the process when the terms come up for re-appointment. She seems happy for the Steering Group to be the group. I said to Ross we were not concerned about much except who the group was and how the governance system worked. So I think we go with the fact that the Steering Group is there and will be asked to endorse anything put to them. It will be the co-Chair's job to get things through to the SPHLG.

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Question 4 document

Alex Fuller

From: Harsh Vardhan
Sent: Thursday, 31 October 2024 9:23 am
To: Ross Bell
Subject: For discussion - priorities for the alcohol harm reduction steering group

Hi Ross,

The Alcohol Harm Reduction team have made a suggestion (copied below). I think it's a good idea and I am keen to discuss this with you and if possible get your agreement to go ahead with commissioning a Memo.

The steering group would benefit from having a clear set of agreed priorities/work plan/things it is responsible for in the year ahead.

Some ideas for possible alcohol harm reduction steering group priorities are:

1. Refreshing FASD strategic action plan
2. Monitoring impacts of alcohol harm reduction
3. Alcohol levy governance and setting
4. Kaupapa Māori health needs and community action
5. Public health and Local Alcohol Policy OR Community-led models for national alcohol screening and brief intervention

This would obviously require some engagement and consultation with HNZ, Policy team, Raawiri and the wider steering group on what they think is important.

You could commission a paper on this in which:

- brief description of what the priorities are
- the rationale for the choice of these priorities, i.e. Ministerial priority, alignment with role and purpose of steering group, equity focus, 5+5 alignment, areas requiring cross-agency collaboration/effort etc
- benefits to the group i.e. keeping the group focused in areas of importance and high impact within alcohol harm reduction, setting of clear expectations in terms of development of papers etc. for consideration and regular reporting from agencies to the group etc.
- (once the priorities are set we can be more deliberate in developing up a bit of a cross-agency work programme that aligns to the priorities.)

Ngā mihi nui
Harsh

Harsh Vardhan

Programme Manager, Alcohol Harm Reduction
Strategy, Monitoring and Engagement Group
Public Health Agency | Te Pou Hauora Tūmatanui
Ministry of Health | Manatū Hauora

133 Molesworth Street, Thorndon, Wellington 6011

Email: harsh.vardhan@health.govt.nz

Phone: s 9(2)(a)

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Question 4 document

Alex Fuller

From: Jonathan McLeod
Sent: Tuesday, 3 December 2024 4:18 pm
To: Harsh Vardhan; Ross Bell
Subject: Follow up re: 2025 SG priorities

Kia ora kōrua

Just need some decisions from the two of you when you have a chance please to help confirm the AHR SG priorities for 2025. Once there are decisions, suggest that we could send an updated document out (draft attached subject to feedback) confirming the priorities with the Minutes where we can also note decisions made re: 2025 priorities.

[Updated 2025 Priorities for the Alcohol Harm Reduction Steering Group.docx](#)

Proposals from the meeting and my recommendation/commentary:

Feedback	Commentary	Recommendation
Can Māori-led approaches to alcohol harm be considered earlier in the year at the same time as the Levy funding priorities and the measurement framework in July. Māori-led solutions are pertinent to both these topics and would strengthen our thinking	Had included this at the end of 2025 to allow time around development of Te Ara Whakapiki Ora and noting there are some important priorities that need to be progressed re: FASD and Alcohol Levy early in 2025	Speak with ^{s 9(2)(a)} around best timing to progress this SG meetings will continue to have multiple priorities raised and primary focus of meeting does not preclude other priorities and issues of importance being raised (including those outside the agreed priorities). Therefore, we can consider Māori-led approaches to alcohol harm prevention, reduction, and healing as part of earlier meetings as it evolves and if required Provide rationale and feedback to SG with meeting Minutes and final priorities paper
Better understanding alcohol use and trends among different populations of young people needs to be a priority	Uncertain whether this rises to the level of a strategic focus for the AHR Steering Group	Measurement of alcohol use amount youth populations can be a focus of the priority 'monitoring impacts of alcohol harm reduction.' We can be explicit about this: "Monitoring of alcohol harm reduction might include: Providing advice on the development of an alcohol harm reduction measurement framework which includes measurement of trends for key populations including young people and Māori.
Other priorities could include: - Ministry of Justice actions to reducing alcohol related harm - Development of mental wellbeing strategy	If either of these things are to be considered priorities then it would be good to get Michael or whoever is responsible to develop a brief table to align with the other priorities	These can be noted in the minutes as further issues that the SG may wish to keep a watching brief over and consider as and when required at SG meetings (as per above: the agreed priorities do not have to be the only things considered at meetings)

Terms of Reference

Cross Agency (Health) Alcohol Harm Reduction Steering Group

1. Introduction

Alcohol use contributes to a wide range of harms for New Zealanders, their families, and communities, across health, social, and justice contexts. Some of these harms include increased risk of a range of cancers and heart disease; alcohol-related injuries; family, domestic, and sexual violence; communities feeling unsafe or undesirable; motor vehicle death and injury; mental health and addiction concerns, and financial, food, and housing insecurity.

The Pae Ora (Healthy Futures) Act 2022 and its associated strategies sets the direction for how all New Zealanders, whānau and communities can be well and live longer in good health. This context – resulting in new approaches and a restructured health system focused on New Zealanders being able to get to and experience quality health services, no matter who or where they are – has impacts on how we approach reducing the harm caused by alcohol in our society.

Pae Ora requires a new approach to governance, planning, and investment decisions surrounding the Alcohol Levy,¹ which allows Manatū Hauora – the Ministry of Health, to recover costs in addressing the harm caused by alcohol. The new system structures allow us to move away from unnecessary complexity and fragmentation towards more cohesive planning, design, and use of resources. This can be characterised by co-design processes between communities, non-governmental organisations, and health entities, to develop coordinated responses to alcohol harm.

2. Alcohol Harm Reduction Programme

The alcohol harm reduction programme is a cross-functional programme of work within the Public Health Agency (PHA) with a focus on equitable approaches and outcomes related to the direct and indirect negative impacts caused by alcohol consumption. This collaborative programme of work spans policy advice, strategic development, programme coordination, community engagement, and access to data.

The foundation of the programme is based on the agency's Mahi Tahi approach. This approach brings together a range of knowledge, expertise, and perspectives from across the PHA to tackle complex issues which impact public health and the wellbeing of New Zealanders.

The programme is supported by a team comprising of the role funded through the alcohol levy. These roles sit in the following functional teams: Strategy and Engagement; Hauora Māori Tūmatanui; Pacific Health; and Policy and Regulation. It also draws on wider capacity from these teams and is supported with expertise from: Equity and Engagement; Public Health; and Intelligence, Surveillance and Knowledge teams.

The programme maintains relationships with the National Public Health Service (within Te Whatu Ora) and Te Aka Whai Ora (Māori Health Authority) which are also funded by the alcohol levy, to support accountability and collective impact towards alcohol harm reduction.

The Mission of the programme is to lead, connect, and convene partners across the alcohol harm reduction system to promote innovative ideas and ways of working that support cumulative impact.

¹ A hypothecated tax raised from alcohol produced or imported for sale in Aotearoa New Zealand.

Question 4 document

The goals of the programme are:

1. **Equity:** Māori and Pasifika aspirations are visible in government policy and initiatives to ensure greater equity of outcomes
2. **Coordination:** Government agencies and non-government organisations operate in a connected and collaborative system towards shared goals
3. **Participation:** Communities are actively engaged and participating in processes at local and national levels
4. **Insight:** Meaningful data is collected and available to inform decision-making and initiative design

3. Purpose

The purpose of the Cross Agency (Health) Alcohol Harm Reduction Steering Group (SG) is to provide strategic oversight and governance to support a collaborative cross-agency approach to alcohol harm reduction work programmes, including governance of the Alcohol Harm Reduction Programme.

4. Membership

The SG consists of:

- senior leaders (Tier 3 and above) from the Health agencies (Ministry of Health, Public Health Agency, Health New Zealand, and Māori Health Authority) responsible for implementing the alcohol harm related work programmes
- representation from communities, including Māori and Pasifika
- representation from academicians

Membership of the SG may change, by agreement or, for example, to ensure appropriate representation for specific issues. Current SG members are listed in the Appendix 2.

Delegations must be made sparingly and at an appropriate level of seniority.

5. Responsibilities

The SG is responsible for promoting a collaborative cross-agency approach to implementing alcohol harm reduction initiatives through strategic oversight and governance in order to:

- monitor progress towards the achievement the initiatives, deliverables and key milestones
- ensure alignment with other cross-agency priorities
- contribute to key SG decisions on behalf of their respective agencies and mobilise resources within their agency for the initiatives.

Group functions include the provision of strategic advice their respective agency leadership teams

The SG is not responsible for the management of individual staff, the FASD programme team, project teams or budgets. Resource allocation is the responsibility of the appropriate agency.

6. Commitment to Te Tiriti ō Waitangi

The Steering Group acknowledges and embraces Te Tiriti ō Waitangi including a commitment to:

Question 4 document

Mana whakahaere	Mana Motuhake	Mana tangata	Mana Māori
Support Māori voice and representation in strategic direction setting and decision-making through participation in programme governance	Support Māori to determine and design approaches that support their aspirations by making resources available to Māori and communities	Support better outcomes for Māori by ensuring meaningful data collection/measurement and monitoring of the alcohol harm sector for effectiveness	Support Māori culture and approaches to be embedded within service delivery through meaningful engagement with Māori and communities

The Steering Group's work will be aligned to the Manatū Hauora Ministry of Health's Whakamaua: Māori Health Action Plan 2020-2025.

7. Meetings

The SG will meet every two months. The Senior Responsible Officer (SRO)/Group Manager, Strategy and Engagement, Public Health Agency (or delegate) will chair the meeting.

A quorum for the meeting will be 50 % of members, in attendance either in person or by telephone or video conference. Decisions that require resources and agreement from specific agency/ agencies will need representation from respective agency/agencies in the decision- making process.

Group members may be asked to review documents or meet outside of regular meeting times.

Meeting papers and the agenda will be circulated in the week prior to the meeting.

8. Conflict of interest

Members are expected to declare conflicts of interest should they arise. If a declaration of conflict of interest is required (competing professional or personal interest such as services that can only be provided by a member), the member, will on advice of the Chair either refrain from participation in consensus decision making or absent themselves from the room at that point.

Approved on dd/mm/yy

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Appendix 2

Membership of the Cross Agency (Health) Alcohol Harm Reduction Steering Group February 2024

(Members listed in alphabetical order)

Name	Position	Organisation
Ross Bell (Chair)	Senior Responsible Officer (SRO), Alcohol Harm Reduction Programme Group Manager, Public Health Strategy and Engagement	Public Health Agency, Manatū Hauora Ministry of Health
Bernard Te Pa	Group Manager, Māori Crown Relations,	Manatū Hauora Ministry of Health
Ian McKenzie is the Director	Co-Director, Addictions, Commissioning (national)	Te Whatu Ora Health New Zealand
Katherine Clarke	Director, Health Promotion, National Public Health Service	Te Whatu Ora Health New Zealand
Michael Woodside	Group Manager, Strategy and Policy, Mental Health & Addiction	Manatū Hauora Ministry of Health
s 9(2)(a)	s 9(2)(a)	Kookiri ki Taamakimakaurau Trust
Selah Hart	DCE Public and Population Health	Te Aka Whai Ora Māori Health Authority
Community representation (Hāpai TBC)		
Community representation (Pacifica TBC)		

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Academic representation (TBC)		

Secretariat: Harsh Vardhan, Programme Manager, Alcohol Harm Reduction Programme

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DRAFT

Paper three: 2025 Priorities for Alcohol Harm Reduction Steering Group

It is recommended that the Alcohol Harm Reduction Steering Group:

1. **Discuss and agree** to the following Steering Group priorities for 2025:
 - 1.1 Refreshing and implementation of the FASD Strategic Action Plan.
 - 1.2 Alcohol levy setting and governance.
 - 1.3 Monitoring impacts of alcohol harm reduction work.
 - 1.4 Māori-led approaches to alcohol harm prevention, reduction, and healing.
2. **Agree** to the proposed meeting schedule for 2025.
3. **Commission** a cross-agency work plan on 2025 priorities that aligns with the proposed meeting schedule for 2025 for consideration at your next meeting.

Purpose

1. The purpose of this paper is to support group members to consider proposed priorities for the Alcohol Harm Reduction Steering Group for 2025. It also proposes a draft schedule of meetings for 2025 based on these priorities.

Comment

Why have we developed Steering Group priorities?

2. Setting 2025 priorities for the Alcohol Harm Reduction Steering Group will:
 - a. help ensure the Steering Group remains focused in areas of strategic importance and impact
 - b. support delivery of Ministerial and Health agency priorities
 - c. support setting of commissioning expectations for Steering Group meetings
 - d. ensure regular reporting from agencies on progress towards delivery of the priorities.

How were strategic priorities identified?

3. These priorities have been identified because of their alignment with, and contribution to:
 - a. current Ministerial priorities
 - b. Government Policy Statement on Health 2024-27
 - c. legislative functions of the Ministry of Health and Public Health Agency
 - d. the role and function of the Alcohol Harm Reduction Steering Group.
4. They also reflect areas of strategic importance which will benefit from:
 - a. cross-agency collaboration and engagement with community
 - b. developing solutions that can improve equity of outcomes for key demographics, particularly iwi, hapū, and whānau Māori.

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Proposed Steering Group priorities for 2025

1. Refreshing and implementation of the FASD Strategic Action Plan

The purpose of developing an FASD Strategic Action Plan is to ensure a coordinated, system-wide approach to addressing the impacts of FASD in Aotearoa New Zealand. The FASD Strategic Action Plan will be grounded in the lived experience of the FASD community, have cross-agency responsibility for delivery, and will include short-term priority actions and longer-term strategic outcomes.

Finalising the FASD Strategic Action Plan, to be launched in July 2025, will require:

- Reviewing and providing feedback on the plan, including monitoring and evaluation approaches.
- Consideration of funding priorities for Health-led FASD initiatives.
- Reviewing advice to Cabinet seeking agreement to the plan.

Supporting implementation of the FASD Strategic Action Plan might include:

- Providing advice on the scoping and development of Health-led FASD initiatives.
- Monitoring progress of funded Health-led FASD initiatives.
- Ongoing advice on funding priorities for Health-led FASD initiatives.

2. Alcohol levy governance and setting

The purpose of the alcohol levy is to fund activities to address alcohol harm. Under the Pae Ora (Healthy Futures) Act 2022, the Ministry of Health holds overall responsibility for the alcohol levy setting process and administration of the levy. The National Public Health Service and Hauora Māori Services within Health NZ have responsibilities for commissioning and management of levy funded programmes/initiatives.

Annual levy setting will be guided by the Alcohol Levy Investment Decision-Making Framework which will outline a strategic framework, funding criteria, and high-level process for developing, prioritising, and agreeing to alcohol levy-funded programmes/initiatives.

Supporting annual alcohol levy setting processes might include:

- Setting high-level priorities for alcohol harm reduction in collaboration with Health agencies.
- Reviewing and providing advice on alcohol levy programme proposals.
- Endorsing proposed levy funding for agreement by the Shared Public Health Leadership Group.
- Ensuring collaboration across agencies and appropriate engagement with communities in developing a cohesive alcohol harm reduction programme across health entities.
- Informing the development of alcohol levy performance agreements across health agencies.

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3. Monitoring impacts of alcohol harm reduction

The Public Health Agency (PHA) is responsible for monitoring and oversight of alcohol levy allocations, delivery, and performance. Under the new levy regime – following the review of the alcohol levy– there will be a more robust monitoring system, including funding agreements between the PHA and levy-funded agencies which set out: allocated funding against priority activities; key outputs; measures of impact or success; and intended outcomes.

Monitoring alcohol harm reduction will include alcohol levy allocations and activities, and could also extend to wider efforts across government over time.

Monitoring of alcohol harm reduction might include:

- Receiving periodic performance reports from health agencies on alcohol harm initiatives.
- Monitoring performance risks of health agencies in implementing alcohol harm reduction activities.
- Providing advice on the development of an alcohol harm reduction measurement framework.
- Informing the development of an annual report on alcohol harm reduction.

4. Māori-led approaches to alcohol harm prevention, reduction, and healing

Whānau, hapū and iwi Māori are disproportionately impacted by alcohol-related harms which are grounded in experiences of colonialism and intergenerational trauma. Therefore, approaches which directly target improved equity of health outcomes for Māori are required.

Te Ara Whakapiki Ora is a conceptual framework designed by Māori, for Māori, to help address alcohol-related harms through prevention, reduction, and healing. It is grounded in the Te Whare Tapa Whā model, mātauranga and te ao Māori, and acknowledges the need for Māori-led solutions that are embedded, healing-focused, and generationally sustainable. This model provides an opportunity to reimagine alcohol harm prevention, reduction, and healing within a conceptual journey towards health.

Progressing Māori-led solutions in a consistent manner within Health-led alcohol harm reduction activities might include:

- Supporting the development of an implementation plan and outcomes framework for Te Ara Whakapiki Ora.
- Embedding Te Ara Whakapiki Ora within alcohol-levy setting processes and decision-making.
- Supporting and endorsing pilot programmes that adopt and demonstrate the efficacy of Te Ara Whakapiki Ora for alcohol levy funding.
- Exploring opportunities for Te Ara Whakapiki Ora to inform community-led models for national alcohol screening and brief intervention.

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Next steps

5. Following agreement to Steering Group priorities for 2025, the Public Health Agency will work with Health NZ to develop a cross-agency work plan for 2025 that aligns with the priorities and schedule for Steering Group meetings. This can be considered at the next Steering Group meeting.
6. We also recommend that agreed 2025 priorities be shared with the Shared Public Health Leadership Group for noting at its first meeting in 2025 to ensure line of sight and establish an interrelationship between these two groups.
7. Below is a proposed schedule of meetings for 2025 with potential focuses for the agendas to aid development of a work plan and phasing of priorities for the Steering Group:

Proposed focus of meeting	Date
Consideration of final FASD Strategic Action Plan and funding for priority FASD initiatives through Alcohol Levy	March 2025
Consideration and endorsement of Alcohol Levy funding and priorities for 2025	May 2025
Scoping of an alcohol harm reduction measurement framework and annual report	July 2025
Alcohol harm reduction priority setting for Alcohol Levy 2026	October 2025
Opportunities for Māori-led alcohol harm reduction solutions and embedding Te Ara Whakapiki Ora in Health-led alcohol harm approaches	December 2025

8. In conjunction with these priorities, the Ministry of Health will continue to work with Health NZ and AHR Steering Group members on emerging work and priorities that would benefit from Steering Group collaboration and oversight.

Question 4 document

Harsh Vardhan

From: Jonathan McLeod
Sent: Tuesday, 4 March 2025 10:12 am
To: Harsh Vardhan; Cynthia Khan; Dhamo Tharan; Rene Mose
Subject: RE: FYI Timeframes for alcohol levy funding allocation

Thanks Harsh.

- 1) Who is that 'flow chart' for/what's its purpose?
- 2) I suggest a simple 1-5 rating system against each of the assessment criteria in the ALIF.
 - a. We can basically have a sliding scale from does not meet criteria through to meets all elements of the criteria.
 - b. We should be able to build a simple excel spreadsheet to tally the scores.

Also to note, depending on feedback from Minister, schedule of meetings for SG had March meeting focusing on FASD (see timetable below). Intention was to focus on prioritisation etc of FASD initiatives for the plan (which obviously has close alignment with the alcohol levy, but not entirely). Then May meeting was to make recommendations on the allocation of alcohol levy. This way, SG are informing how the levy is allocated, without needing to fit them into the stage where they set the quantum etc. This could be beneficial if Minister chooses 'streamlined' option.

As for FASD, not really sure what we can provide SG. However, you and Ross could provide the group with your 'reckons/decisions/prioritisation' of FASD initiatives for the FASD action plan?

Focus of meeting	Date
Consideration of final FASD Strategic Action Plan and funding for priority FASD initiatives through Alcohol Levy	March 2025
Consideration and endorsement of Alcohol Levy funding and priorities for 2025	May 2025

From: Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Sent: Tuesday, March 4, 2025 9:42 AM
To: Cynthia Khan <Cynthia.Khan@health.govt.nz>; Dhamo Tharan <Dhamo.Tharan@health.govt.nz>; Rene Mose <Rene.Mose@health.govt.nz>; Jonathan McLeod <Jonathan.McLeod@health.govt.nz>
Subject: FYI Timeframes for alcohol levy funding allocation

Kia ora team,

Please find the draft documents attached for your information. We are still waiting for Minister Doocey's decision on the preferred approach for the alcohol levy allocation process. The documents are not for further circulation yet. We hope to have an update this week to determine what we do for the steering group meeting next week.

@Cynthia Khan Ross suggested that we move to **Tuesday, 18 March**, in the morning, but after we hear back from Minister Doocey's office.

In the meantime, if you have any thoughts on the Ministry's selection process (e.g. rating system) for the HNZ funding applications, please share them with me.

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Ngā mihi nui
Harsh

Harsh Vardhan
Manager, Alcohol Harm Reduction Programme
Strategy, Monitoring and Engagement Group
Public Health Agency | Te Pou Hauora Tūmatanui
Ministry of Health | Manatū Hauora

133 Molesworth Street, Thorndon, Wellington 6011
Email: harsh.vardhan@health.govt.nz
Phone: s 9(2)(a)
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Question 4 document

Alex Fuller

From: Fi Campbell
Sent: Wednesday, 19 March 2025 12:52 pm
To: Ross Bell
Subject: RE: SPHLG

Thanks Ross, I will make sure Andrew has this for the meeting.

Take care and enjoy the hui.

Ngā mihi nui,

Fi

Cell: s 9(2)(a)
Senior Executive Assistant to Andrew Old, Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

From: Ross Bell <Ross.Bell@health.govt.nz>
Sent: Wednesday, March 19, 2025 10:04 AM
To: Fi Campbell <Fiona.Campbell@health.govt.nz>; Andrew Old <Andrew.Old@health.govt.nz>
Subject: SPHLG

Hi both

I've now got a clash with SPHLG today – the conference pōwhiri starts at 3pm and then proceedings run through into dinner.

So, I need to miss the meeting. I am down for a verbal update, which is as follows:

Subject: Alcohol Levy Investment Framework – Update

The Minister for Mental Health and Minister responsible for the alcohol levy, Hon. Matt Doocey, has approved the Alcohol Levy Investment Framework. Once my team has incorporated the necessary changes based on the Minister's decision, we will circulate the updated framework.

The key outcome of this decision is a streamlined approach to decision-making. The Alcohol Harm Reduction Steering Group (reps from MOH, HNZ and community) and the SPHLG have been removed from the process, leaving decision-making between the Minister and the Ministry of Health.

This week, the Ministry is reviewing funding proposals submitted by NPHS and Hauora Māori Services (FASD-related).

Next week, the Ministry will meet with NPHS and Hauora Māori Services to discuss the proposals in detail, clarify any aspects as needed, and prepare advice for Minister Doocey.

The initial advice will focus on setting the levy quantum, presenting options for either maintaining or increasing the levy. Once the quantum is agreed upon, we will continue working with Health NZ to refine the proposals before allocating funds.

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Although the Steering Group and SPHLG are no longer part of the formal decision-making process, the Ministry remains committed to maintaining a high level of collaboration. Please let me know if you have any concerns or would like to discuss this further.

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Alex Fuller

Subject: Canceled: Alcohol harm reduction steering group meeting
Location: Microsoft Teams Meeting; ROOM WLG GN.4-Display-Semi Public (10)

Start: Mon 17/03/2025 9:30 am
End: Mon 17/03/2025 11:00 am
Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Ross Bell

Required Attendees: Harsh Vardhan; Cynthia Khan; Michael Woodside; Kathrine Clarke; Chris Bullen; david@kokirikt.co.nz; Edith Moore; philip.siataga@mapumaia.nz; Ian McKenzie; Jonathan McLeod; Dharmo Tharan; Rene Mose; Samuel Andrews; Anthony Hawke

Optional Attendees: Raawiri David Ratu

Resources: ROOM WLG GN.4-Display-Semi Public (10)

Importance: High

Tēnā koutou,

I hope this email finds you well.

I am writing to update you on recent decisions regarding the Alcohol Levy setting and allocation process. A Ministerial decision has been made to implement a more streamlined approach to the Alcohol Levy decision-making process. This decision was made in response to the need for a more efficient and effective process, ensuring that the allocation of funds is in line with government's strategic priorities. Under this new process, the Alcohol Harm Steering Group will no longer have a role in reviewing and endorsing funding applications. However, the Ministry will continue to consult with Health New Zealand, community and other stakeholders on priorities. Decision-making will now rest with the Ministry in consultation with the Minister for Mental Health.


Given these changes, we would need some time to consider the steering group's role in this evolving context. We deeply value the contributions of the group, and we want to ensure that any future role aligns effectively with the new process. We have cancelled next week's meeting and will regroup again.

We will keep you informed as this work progresses and will actively seek your input as appropriate. In the meantime, please feel free to reach out with any questions or concerns. Your involvement remains crucial to us.


Ngā mihi
Ross

Microsoft Teams [Need help?](#)

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I will also update the Steering Group and postpone next week's meeting, which was scheduled to review and endorse proposals. I still see a role for the Steering Group, but we will need to revisit its terms of reference.

Ngā mihi

Ross

Ross Bell

Group Manager

Strategy, Monitoring and Engagement

Public Health Agency | Te Pou Hauora Tūmatanui

+s 9(2)(a)

ross.bell@health.govt.nz

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



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Question 4 document

Harsh Vardhan

From: Jonathan McLeod
Sent: Friday, 9 May 2025 3:03 pm
To: Jonathan McLeod
Subject: RE: AHR SG

- Mm monitoring group – oversight of the FASD action plan
- Meeting in late July
- Survey for TOR and function

From: Jonathan McLeod <Jonathan.McLeod@health.govt.nz>
Sent: Wednesday, May 7, 2025 5:04 PM
To: Jonathan McLeod <Jonathan.McLeod@health.govt.nz>
Subject: AHR SG

- Future of alcohol harm reduction steering group
 - Still think it is a valuable forum to provide strategic direction as well as assurance over alcohol harm reduction and alcohol levy initiatives.
 - However, needs to be focused on a few key strategic priorities and there needs to be improved discipline in the management and operation of the group:
 - that's relevant to issues surrounding co-Chairs etc.
 - the Steering Group needs to be prioritised by us if it is to continue
 - improved discipline means timely reporting loops (i.e. Minutes), early setting of agenda (e.g. our team should be providing co-Chairs with advice prior to discussion and confirmation of agenda), commissioning and delivery of papers for consideration, clarity of role and priorities.
 - The priorities that we agreed in December were a good example of trying to achieve this.
 - Specifically, it can continue to play an important role in relation to direction and oversight of alcohol levy investments, despite there being a 'streamlined' process. E.g. Impact measurement framework, performance reporting, alignment of programmes. However, also needs to have other partners bringing more to the table.
 - Could also support some oversight and governance for FASD Strategic Action Plan (from a Health perspective)
- Next steps
 - Review function (quick survey of members)
 - Review membership (in line with reviewed functions) – what's the way to get the right people
 - Re-confirm role of co-Chairs – elect co-Chairs
 - Review and confirm priorities
 - Establish more rigorous processes
- Responses on consultation
 - Intend to use Consultation report to close loop with participants – the quantum, specificity and complexity of feedback received makes it difficult to provide meaningful individual responses. As always, we will make ourselves available to meet with key groups.
 - Note that there are some engagements you are having with the likes of the alcohol industry which are also addressing the consultation process
 - Are there specific responses that are required for the likes of the Coalition and Raawiri – I note that John was actually the recipient of the Coalition feedback and Andrew was the recipient from Raawiri
 - Response letter?

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- Specific things we have done to address feedback?
- Do we meet with the groups?

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Harsh Vardhan

Subject: Discussion on future of alcohol harm reduction steering group
Location: ROOM WLG 2S.7 (2)
Start: Fri 9/05/2025 2:30 pm
End: Fri 9/05/2025 3:00 pm
Recurrence: (none)
Meeting Status: Accepted
Organizer: Harsh Vardhan
Required Attendees: Ross Bell; Jonathan McLeod
Resources: ROOM WLG 2S.7 (2)

As discussed with you Ross.

Kia ora Ross,

As requested by you, I have set up this meeting to discuss potential future of alcohol harm reduction steering group.

Ngā mihi nui
Harsh

Harsh Vardhan
Manager, Alcohol Harm Reduction Programme
Strategy, Monitoring and Engagement Group
Public Health Agency | Te Pou Hauora Tūmatanui
Ministry of Health | Manatū Hauora

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