

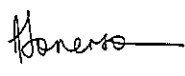
**The Ministry of Health (the Ministry)**

**and**

**Health New Zealand (HNZ)**

**MEMORANDUM OF UNDERSTANDING**

**Alcohol Levy Work Programme and Performance  
Expectations: 2025/26**

Signature 

**Audrey Sonerson**

**Director-General of Health**

Date: 28/10/2025

Signature 

**Dr Dale Bramley**

**Chief Executive, Health New Zealand**

Date: 17/10/2025

## **Purpose**

The memorandum of understanding (MoU):

- enables the Ministry of Health to have oversight of and be regularly informed about, agreed annual performance expectations for alcohol levy funded programmes
- outlines an alcohol levy work programme and related initiatives for 2025/26, identifying outputs for the financial year, a concise explanation of what outcomes/impacts are to be achieved via these programmes/initiatives, and expected revenue and proposed expenses
- provides a concise explanation and base against which performance of alcohol levy programmes can be reported on and assessed.

This MoU also sets out:

- principles for collaboration between agencies to achieve our goals to reduce alcohol harm
- roles and responsibilities of health agencies re alcohol harm reduction
- reporting requirements to support monitoring of alcohol levy activities.

It supports the use of alcohol levy funds to address alcohol-related harm or meeting costs attributable to alcohol-related activities (consistent with section 101 of the Pae Ora (Healthy Futures) Act 2022).

## **Background**

The alcohol levy is collected on all alcohol products manufactured or imported for sale in New Zealand. It is collected for the specific purpose of recovering the costs of activities to address alcohol harm [Section 101(1) of the Pae Ora (Healthy Futures) Act 2022].

The levy currently funds a small component of health activities that address alcohol harm with a primary focus on prevention. However, it can cover a broad range of activities along a continuum from prevention to treatment.

## **Roles**

### Public Health Agency | Ministry of Health

The Public Health Agency (PHA) leads public health and population health strategy, policy, regulatory, intelligence, surveillance, monitoring, and assurance functions. The alcohol harm reduction programme team within the PHA administers the alcohol levy. This includes providing strategic advice to Ministers, overseeing funder-level monitoring of levy activities, as well as coordinating alcohol harm reduction programmes. The mental health policy team within the PHA also supports policy, strategy and oversight of mental health and addiction initiatives in relation to the alcohol levy.

### Health New Zealand

The Health New Zealand Board drives entity performance and is the primary monitor of alcohol levy-funded activities. It ensures these initiatives align with the Minister's expectations and contribute meaningfully to reducing alcohol-related harm. This includes oversight of programme delivery, risk management processes, and ensuring that all activities are implemented in accordance with section 101 of the Pae Ora (Healthy

Futures) Act 2022. The Board is accountable to the Minister and plays a critical role in ensuring transparency, accountability, and robust performance monitoring across all alcohol harm reduction initiatives funded through the alcohol levy.

### National Public Health Service | Health New Zealand

The National Public Health Service (NPHS) brings together functions from the former Health Promotion Agency, the Ministry of Health, and public health units into a unified operational service. It works towards pae ora (healthy futures) by engaging with the wider determinants that impact on people's health, focusing on wellbeing, prevention, protection, and population level intervention. The Mauri Ora group within NPHS leads national and local health promotion and prevention activities for government within alcohol harm prevention and minimisation and supports alcohol actions that contribute to the Government's non-communicable diseases prevention framework.

### Hauora Māori Services | Health New Zealand

Hauora Māori Services has a focus on long-term and sustainable outcomes for Māori communities, including through collaboration across whanau, hapū and iwi to shift decision-making and resources in the health system closer to communities. It leads a national and community-based Fetal Alcohol Spectrum Disorder (FASD) work programme, including priority actions within the FASD Strategic Action Plan. It also supports targeted approaches that address the disproportionate harm of FASD and alcohol harm on specific communities. As part of this MoU, Hauora Māori Services is also responsible for coordinating Health New Zealand's contributions to FASD for all New Zealanders, ensuring that relevant directorates and teams actively contribute to the FASD Action Plan and related actions.

### Planning, Funding and Outcomes | Health New Zealand

Mentally Well, within PFO, has a focus on improving mental health and addiction outcomes for all New Zealanders by commissioning national services that ensure consistency, equity, and a future-ready workforce. Guided by lived experience and collaboration, the Mentally Well team takes a system-wide approach to planning and implementing new initiatives. The Addictions team focuses on alcohol and other drug (AOD) and gambling harm services, including delivering Government priorities. Under this MoU, the team will work with Hauora Māori Services, the NPHS, and regional Mentally Well teams to establish AOD screening and referral services in hospitals, expand impaired driving programmes, and pilot alcohol interlock support.

### *Relationship principles*

The relationship between the agencies established by this agreement will be driven by the values of tika, pono, and aroha, meaning we will always strive to do the right thing, for the right reasons, with positive intentions.

The implementation of this agreement will also be underpinned by the following principles:

- High-trust – We are committed to an enduring relationship and respect that each agency brings different skills, knowledge, and responsibilities to achieving our goals
- Open communication – We take a 'no surprises' approach and will engage early and often, communicating transparently and honestly with each other

- Collaboration – We work together to set and implement a coordinated strategic direction and address any risks and issues that arise in a constructive and cooperative way
- Strengths-based – We encourage innovative ideas, support one another, and share in joint success towards alcohol harm reduction.

## Outcomes

The outcomes of this MoU align with the Alcohol Levy Strategic Framework, which aims to prevent and minimise alcohol harm across New Zealand, including achieving the Government Policy Statement (GPS) on Health target of year-on-year reductions in hazardous drinking.

This MoU is supported by an annual alcohol levy funded work programme (Appendix 1), which sets out the specific initiatives, outputs, and performance measures for the financial year. The MoU provides the overarching principles, roles, and accountability framework, while the work programme details how these commitments will be delivered in practice. Together, they ensure levy funding is applied transparently and effectively to achieve agreed harm-reduction outcomes.

The alcohol levy strategic framework (from the Alcohol Levy Investment Framework) guides design, delivery, measurement, and monitoring of alcohol levy investments:

<b>Vision</b>		
Instances and impacts of alcohol harm are prevented and minimised for Aotearoa   New Zealand families, communities and society		
<b>Outcomes</b>		
Increased community and national awareness of alcohol harms	Positive societal shifts in attitudes and behaviours towards alcohol consumption	Increased national support for people and communities directly affected by alcohol harm
Increased community participation in alcohol harm prevention	Improved evidence around alcohol harm reduction approaches	
<b>GPS target</b>		
Year-on-year reduction in proportion of those aged 15 years and over who engage in hazardous alcohol consumption		

## Financial Responsibilities

Health New Zealand will receive funding from the Ministry from alcohol levy allocations to deliver on its performance expectations in line with the table below:

HNZ directorate	Carryover from alcohol levy 2024/25 <sup>1</sup>	Allocation from alcohol levy 2025/26	Total 2025/26
Hauora Māori Services	\$2.95m	\$4.66m	\$7.61m
National Public Health Service	\$1.08m	\$6.339m	\$7.419m
Planning, Funding and Outcomes	\$0.0	\$3.0m	\$3.0m
<b>Total</b>	<b>\$4.03m</b>	<b>\$13.999m</b>	<b>\$18.029m</b>

The carry forward of above underspends from 2024/25 is managed directly by Health New Zealand and offset against the alcohol levy work programme for 2025/26.

For 2025/26, Health New Zealand's allocation excludes any requirement to adjust for the 2024/25 under-collection of revenue. Instead, the total technical adjustment of \$1.964 million has been applied as a reduction to the Ministry's Stewardship of the New Zealand Health System MCA. The allocation provided to Health New Zealand reflects the maximum remaining funds after required Departmental Alcohol Harm Reduction activities and all technical adjustments are applied to the Ministry's programme of work.

### FASD Action Plan and funding commitments

The FASD Action Plan is a three-year programme with actions scheduled across the full term. The implementation will be supported by Health New Zealand's cross-agency implementation group, which includes representation from the Ministry. This implementation group will report to a Tier 3 cross-agency governance group chaired by the senior official responsible for alcohol harm reduction in the Public Health Agency within the Ministry.

Although the alcohol levy is determined annually, FASD has been confirmed as an ongoing funding priority. The Ministry supports Health New Zealand in establishing contractual arrangements of two to three years with providers delivering core FASD actions, ensuring sustained support and improved outcomes for whānau and communities. However, actions previously funded through underspends from prior years will not be guaranteed ongoing support, as underspending may not occur in future years. This approach reflects a commitment to stability for essential activities while recognising the limitations of relying on uncommitted funds from past allocations.

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<sup>1</sup> This does not include funding that has been committed via contract in 2024/25. However, the Ministry of Health will continue to monitor any related performance measures that were not realised in 2024/25 through regular monitoring processes.

## Reporting

The alcohol levy will be subject to a robust cycle of reporting and measurement to support accountability, transparency, and impact of investment.

### *Periodic reporting*

Regular periodic reporting will be provided to the PHA (Ministry of Health) by Health New Zealand quarterly within 14 days of the end of each financial quarter. Reports will include information on financial performance against levy spending, delivery of outputs, progress towards measures/targets, and risks to performance, as established through this agreement.

Report	Quarter End Date
Quarter one report	30 September
Quarter two report	31 December
Quarter three report	31 March
Quarter four report	30 June

### *Annual Report*

The Ministry will develop an annual report on alcohol levy spending, delivery of alcohol levy initiatives and their effectiveness, and progress towards sector goals and outcomes. This report will be published no later than 90 days following the end of the financial year.

This will include reporting against an alcohol levy impact measurement framework being developed by the Ministry. All levy-funded programmes will be expected to align with this as they become operational.

### Monitoring Responsibilities

Health New Zealand will maintain appropriate systems and processes to support reporting of information necessary to demonstrate progress towards the strategic objectives and intended outcomes set out in this agreement. Progress will be monitored using the indicators and success measures specified in Appendix 1, which will be subject to periodic review to ensure ongoing relevance and alignment with the Ministry's priorities.

## Problem Resolution

The Ministry and Health New Zealand will meet regularly to support delivery of programmes and in-line with the relationship principles, as below:

Who	Frequency	Purpose
Senior responsible officers	At least quarterly (following reception of quarterly report)	Discuss risks and opportunities highlighted in quarterly reports and provide overall assurance to the work programme
Team managers	At least monthly	Discuss risks to delivery and support coordinated approaches to alcohol levy programmes
Team members	At least monthly	Discuss progress towards deliverables and support collaboration on alcohol levy activities

All disputes and differences between the two parties in relation to the interpretation or performance of this Memorandum will be settled in the first instance by the Team Managers and in the second instance by a forum mutually agreed to between the parties.

## Variation and change

This MoU may be varied only by written agreement between the Parties' authorised representatives. Minor operational changes (such as updates to contacts, templates, or reporting dates) may be agreed in writing, including by email, and recorded.

This MoU sets out the overarching three-year framework between the Ministry and Health New Zealand for funding and delivering alcohol harm reduction activities, including FASD and other ministerial priorities. While the MoU provides this multi-year framework, the alcohol levy is set annually. Accordingly, the specific initiatives and associated performance measures will need to be agreed and, where necessary, varied on an annual basis to reflect levy settings and ministerial priorities.

Any material change, including resetting or revising annual performance measures, or changes to the MoU's purpose, governance, or funding must be approved through a formal Variation signed by both Parties.

## Term and effective date

This MoU will take effect from 1 July 2025 upon signing, even if the signing occurs after that date. The MoU will remain in force until 30 June 2028.

## Appendix 1: Work programme and performance expectations 2025/26

### Hauora Māori Services

Programme/initiative	Outputs <sup>2</sup> (2025-2026)		Performance measures	Outcomes or success measures
<p><b>Nationwide FASD prevention campaign and activities</b></p> <p>Nurture the Future Within campaign is a multi-year initiative (2025-28), in line with FASD Action Plan implementation, to raise awareness and support community solutions to address the impacts of alcohol use and FASD. 2025/26 is focused on maintaining momentum, expanding reach, and embedding prevention messaging in communities.</p>	Digital marketing and paid media placements (TV, radio, online, outdoor advertising)	\$1.5m	Increase reach and engagement with key audiences across online and social metrics	<ul style="list-style-type: none"> <li>Reduced prenatal alcohol consumption/exposure</li> <li>Shift in attitudes and drinking behaviour – enabling individuals and whānau to make informed choices about alcohol consumption, particularly before and during pregnancy</li> <li>Increased awareness of FASD and its lifelong impacts</li> <li>Greater community participation in FASD prevention efforts</li> </ul>
	Community-led events and activations		Baseline: <ul style="list-style-type: none"> <li>Clicks across all channels – 14,958</li> <li>Unique people reached with messaging – 148,032</li> <li>Navigated to website – 15,292</li> </ul>	
	Partnership engagement with iwi and Māori health providers		Hold at least 25 community-led events and activations	
	Evaluation and campaign impact review		Establish 10 partnerships with Iwi and Hauora Māori providers	
<p><b>Te Iho Tātai ā Rongo Programme</b></p> <p>Support for regional wānanga for whānau living with FASD and health professionals, whānau and peer support networks, and neuro-diversity training, in communities identified with high needs and partnership with the Māori Coalition for Te Iho Tātai-ā-Rongo (FASD). 2025/26 is focused on expansion across four more regional areas.</p>	Haututū wānanga across 2 health regions - Te Taitokerau me Tamaki Mākaurau (Northern) and Te Manawa Taki (Midlands)	\$1.3m	8 Haututū wānanga held	<ul style="list-style-type: none"> <li>Increased awareness and prevention of FASD</li> <li>Enhanced early FASD identification, screening, and diagnosis</li> <li>Strengthened support for whānau and caregivers</li> <li>Expansion of training for whānau and workforce</li> </ul>
	Develop Hāpai Ō – kaitiaki / peer leader workforce		At least 150 children and families participating in the programme	
	Establishment and operation of peer support groups		15 kaitiaki / peer leaders trained across 4 training camps	
	Provide Te Whare ō Oro – neurodiversity training		25 peer support groups operating	
<p><b>Fetal Alcohol Spectrum Disorder Action Network programme</b></p> <p>Support critical community capacity and actions that support implementation of the FASD Action Plan, including navigators and peer support. 2025/26 is focused on expanding pilot previously funded through Proceeds of Crime.</p>	Establish FASD navigators and case workers within communities, supporting wrap-around care, development of plans, and navigation of social services	\$0.6m	3 Navigators operating across 3 regions: Te Taitokerau me Tamaki Mākaurau (Northern), Te Manawa Taki (Midlands), Te Waipounamu (Southern)	<ul style="list-style-type: none"> <li>Reduction in crisis interventions, hospital admissions, and justice system interactions by providing structured, early-stage support</li> <li>Increase in families, whānau, and caregivers' resilience and skills to better cope, care, and manage children and young people affected by FASD</li> </ul>
	Establish community-led peer support and activities to ensure they are connected within a community, build life-skills, and have support to achieve their goals		At least 10 support groups/cohorts with individuals reporting positive experience of programme (Baseline: New measure)	

	<p>Opportunities for rangatahi living with FASD (15 to 25 years of age) for learning about FASD and ways to avoid negative life pathways</p> <p>Capacity building of individuals with FASD and opportunities to be the next generation of FASD lived experience support workers, champions, and leaders</p>		<p>50 participants across 2 rangatahi events with individuals reporting positive experience of programme (Baseline: New measure)</p> <p>At least 30 individuals complete NZQA L2 caregiver training</p> <p>2 de-escalation trainings held (25 participants per course) to reduce violence in the home</p> <p>4 webinars held (350 participants per webinar) to share expert knowledge about FASD with whānau</p>	<ul style="list-style-type: none"> <li>Enhanced participation of individuals with FASD in personal development, leadership, and meaningful employment opportunities</li> </ul>
<p><b>FASD training and workforce programme</b></p> <p>Coordinated training and workforce development across health, education, social service, and justice sector professionals, and within communities, to support implementation of the FASD Action Plan. 2025/26 is focused on embedding diagnostic guidelines training expanding opportunities for development across sectors.</p>	<p>FASD micro-credential training across health, justice, education, and community sectors</p>	s 9(2)(b)(ii)	<p>At least 40 people complete training and report positive experience</p>	<ul style="list-style-type: none"> <li>Health, education, social service, and justice sector professionals understand and are aware of FASD and have an ability to provide culturally appropriate and FASD-informed support.</li> <li>Increase FASD diagnostic capability to support early identification and intervention</li> <li>Increased FASD knowledge within non-clinical workforce and communities to identify individuals with possible FASD and refer to services</li> <li>Increased awareness of alcohol harm prior to conception and during pregnancy.</li> </ul>
	<p>National FASD clinical diagnostic guidelines training programme, focused on enhancing diagnostic consistency, multidisciplinary assessment, and early intervention planning</p>		<p>At least 30 people complete training and report positive experience</p>	
	<p>Non-clinical FASD training programme, including training facilitation, programme coordination, resource development, monitoring, evaluation, and reporting</p>		<p>At least 500 people complete training and report positive experience</p>	
<p><b>FASD diagnostic hub</b></p> <p>Community-based assessment, diagnosis, and early intervention behavioural and learning development support pilot for children and young people with FASD and possible FASD. 2025/26 is focused on establishment of a community-based delivery model and to initiate delivery.</p>	<p>Develop policy options and business case for delivery of community-based FASD diagnosis approach</p>		<p>Detailed Business Case agreed jointly between HNZ and Ministry FASD/alcohol SROs by 31 December 2025</p>	<ul style="list-style-type: none"> <li>People have access to timely FASD assessment and diagnostic services, are supported to shift through critical development stages, and there are clear pathways to services that support holistic wellbeing across the life course</li> </ul>
	<p>Commission community provider to host and deliver FASD diagnostic hub</p>		<p>Commissioning complete in line with HNZ and Government procurement rules</p>	
	<p>Delivery of FASD assessment and diagnosis</p>		<p>Increase individuals assessed for possible FASD within a community clinical context (Baseline: New measure)</p>	
<p><b>Support for whānau and families living with FASD</b></p> <p>Funding for whānau, hauora Māori partners, and community organisations to develop and</p>	<p>Community FASD-specific support for whānau and families, including training for caregivers, mentoring programmes, and school-based approaches.</p>		<p>10 community-led grants/projects delivered and evaluated by 31 March 2026</p>	<ul style="list-style-type: none"> <li>Increased access to timely FASD assessment and diagnostic services, support to shift</li> </ul>

test FASD interventions. 2025/26 is focused on delivery and evaluation of previously funded projects and supplementary funding to successful initiatives.	Provide further funding to proven initiatives to scale up delivery		Contracts agreed in line with HNZ policies	<p>through critical development stages, and pathways to services that support wellbeing</p> <ul style="list-style-type: none"> <li>• Increased awareness and prevention of FASD</li> <li>• Strengthened support for whānau and caregivers</li> </ul>
<p><b>Supporting delivery of the Fetal Alcohol Spectrum Disorder (FASD) programme</b></p> <p>Internal capacity (including two FTEs) to support actions on the Government's priority to improve responses and outcomes for FASD. 2025/26 is focused on recruitment and embedding programme processes and leadership.</p>	National programme leadership, contracting, and evaluation	\$0.4m	All FASD initiatives, programmes, and evaluations commissioned and contracted in line with HNZ policies	<ul style="list-style-type: none"> <li>• Enhanced sector and community engagement on FASD through collaboration with Māori and community health providers</li> <li>• Increased community awareness, education, and action on FASD prevention and support</li> </ul>
	Sector coordination and community engagement		Engagements undertaken as required based on national programme needs.	
	Development of culturally tailored resources to enhance awareness and education on FASD		Resources developed and disseminated as required based on national programme needs	

<sup>2</sup> The outputs outlined in this appendix are proposed by Hauora Māori Services and may be subject to further refinement or agreement between the Parties as part of ongoing planning and reporting processes.

National Public Health Service

Programme/initiative	Outputs <sup>3</sup> (2025-2026)		Performance measures	Outcomes or success measures
<p><b>Sport and Alcohol: Breaking the Link</b> Working with national and regional sporting bodies, clubs, and events to reduce exposure to alcohol and promote a health focused club culture. 2025/26 is focused on partnerships with Rugby Football Unions and National Provincial Unions.</p>	Partnerships with 12 Rugby Football Unions and 5 National Provincial Unions	\$1.294m	Project plans signed and agreed with all sporting partners	<ul style="list-style-type: none"> <li>• Increase in alcohol-free areas and zones within clubs and grounds</li> <li>• Positive shifts in intentions, behaviours, attitudes, norms, values, and knowledge related to alcohol use within sporting context</li> <li>• Improved understanding of alcohol harm and drivers for behaviour change within sporting contexts</li> </ul>
	Behaviour change initiatives and community activations being run by sporting bodies		Initiatives and activations undertaken across unions in line with project plans	
	Design and develop messages, collateral, branding and materials and support implementation across sport partners		Increase in clubs/grounds with alcohol-free areas (Baseline: New measure)	
	Player attitude/behaviour data collection to establish baseline data for future measurement		Messaging framework is developed and socialised with sporting partners	
	Case study of Northland partnership		Increase reach and engagement of resources with key audiences across sport partners (Baseline: New measure)	
			Year 2 (stages 4, 5 and 6) attitudes and behaviour survey completed by February 2026	
<p><b>Strengthening Community Action</b> Support for communities to develop and implement locally driven, strengths-based initiatives for addressing alcohol harm. 2025/26 is focused on strengthening the current programme, expanding reporting and supporting proven initiatives.</p>	Measurement and analysis for first round of community action funding and initiatives	\$2.562m	Reporting matrix developed and annual summary report completed	<ul style="list-style-type: none"> <li>• Positive shifts in attitudes and behaviours towards alcohol consumption</li> <li>• Alcohol stakeholder partnerships are enhanced to drive community action</li> <li>• Communities have strengthened capacity and greater ability to deliver local alcohol harm prevention initiatives</li> <li>• Communities have increased confidence in delivering alcohol harm prevention initiatives</li> <li>• Increased knowledge around alcohol through empowering communities with resources</li> </ul>
	Launch of community action fund second round		Surveys completed by community partners and regional staff to capture outcomes and insights	
	Continue Te Wā-i-ora collective (five Māori organisations running projects in high need communities, particularly youth)		Improved capacity and ability to deliver local alcohol harm prevention initiatives (Baseline: New measure)	
	Te Wā-i-ora annual workforce development wānanga		Initiatives agreed and contracted in line with HNZ policies	
<p><b>Healthy Places: Communities driving change</b> Supports communities to inform how alcohol is sold, supplied, and consumed in their neighbourhoods. 2025/26 is focused on</p>	Health focused support for communities around alcohol policy and licensing	\$0.642m	Project contracted in line with HNZ policies	<ul style="list-style-type: none"> <li>• Increased community participation in alcohol harm prevention and decision-making</li> <li>• Improved data and evidence to inform best practice alcohol decision-making</li> </ul>
			Training model for key workforces is developed and contracted in line with HNZ policies	

training and capability building, technical advice, and improved data collection and access	Training initiatives for key workforces (e.g., Māori wardens, Territorial Authorities, District Licensing Committees)		People complete training and report positive experience (Baseline: New measure)	<ul style="list-style-type: none"> <li>Reduction in impacts of alcohol harm in local neighbourhoods e.g. alcohol related criminal offending and violence</li> <li>Increased capability of key decision makers and workforces focused on alcohol policy and licensing</li> </ul>
	Data collection on alcohol harm at a local level		Increase in local data outputs developed and disseminated (Baseline: New measure)	
<b>Building health service capacity for prevention</b> Capacity and capability building for alcohol harm prevention by establishing a foundation for national implementation of alcohol screening, brief interventions, and referral for treatment (SBIRT). 2025/26 is focused on implementing a consistent and sustainable approach to alcohol SBIRT in New Zealand, including a rollout of SBIRT pilots and training.	Develop and implement SBIRT training and support systems for healthcare and other professionals	\$1.334m	Training is contracted in line with HNZ policies by June 2026	<ul style="list-style-type: none"> <li>Consistent and sustainable HNZ approach to alcohol SBIRT established</li> <li>Improved patient and workforce awareness, knowledge, and behaviours around alcohol SBIRT</li> <li>Increase in the number of settings undertaking SBIRT</li> <li>Decrease in hazardous drinking amongst patients</li> <li>Increased referrals to alcohol support services</li> </ul>
	Rollout of SBIRT in different settings		People complete training and report positive experience (Baseline: New measure)	
	Develop and socialise tools and resources for alcohol screening, early detection, and intervention		Two community models developed and implemented	
	Commission projects to build capability in the focus areas of FASD and suicide prevention		Maternity model for SBIRT developed and implemented (Success measure to be established)	
			All tools and resources are responsive to patient and workforce need	
	Prevention activities agreed and contracted in line with HNZ policies			
<b>Accessible Health Education: Digital Platforms</b> Support for innovative digital platforms and health education and access to harm reduction resources that aim to change attitudes and behaviours around alcohol use (including hazardous drinking). 2025/26 is focused on delivery of Living Sober peer support platform and ensuring platforms and messaging are for purpose.	Refresh alcohol.org.nz website and improve online digital platforms	\$0.63m	Refresh of alcohol.org.nz and resources.alcohol.org.nz websites are completed and meet community needs	<ul style="list-style-type: none"> <li>Positive changes in attitudes and behaviours around hazardous drinking and alcohol consumption</li> <li>Increased public understanding of what alcohol harm is and what can be done to prevent it</li> <li>Decrease in rates of hazardous drinking</li> <li>Increased understanding among help seekers of where and how to get help</li> </ul>
	Develop and disseminate resources for businesses, communities, and providers		Active users and page views for alcohol.org.nz and resources.alcohol.org.nz (Baseline: New measure)	
	Support Living Sober service – peer support platform for individuals who have given up alcohol		Resources ordered annually (Baseline ~118,000 printed copies ordered 2024/25)	
			Participants report positive experience with Living Sober service through survey/evaluation	
			Increased engagement metrics (unique visitors, social reach, page views) with Living Sober service (Baseline: New measure)	
<b>Pacific Alcohol Harm Prevention</b> Support for community-driven initiatives, building partnerships, and workforce development to address unmet needs to minimise alcohol harm in Pacific	Convene and administer Pacific Alcohol Advisory Group (PAAG)	\$0.558m	Bi-monthly PAAG talanoa held with meeting notes archived	<ul style="list-style-type: none"> <li>Improved awareness, knowledge, and positive behaviours around alcohol use within Pacific communities</li> </ul>
	Pacific community and AoD workforce specific resources to reduce alcohol harm		Increase reach and engagement with disseminated resources	

communities. 2025/26 is focused on community investment based on an updated funding model and resources for Pacific community and AoD workforce.			(Baseline: New measure)	<ul style="list-style-type: none"> <li>• Strengthened Pacific networks and collaboration to address alcohol harm</li> <li>• Increased access for Pacific communities and workforce to alcohol tools and resources</li> <li>• Strengthened Pacific alcohol advisory governance capability</li> </ul>
	Measurement reporting and analysis for first Pacific funding round		Reporting matrix developed and annual summary report completed	
			Surveys completed by community partners and regional staff to capture outcomes and insights	
			Improved capacity and ability to deliver local alcohol harm prevention initiatives (Baseline: New measure)	
	Launch of Pacific community fund second round		Initiatives agreed and contracted in line with HNZ policies	

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<sup>3</sup> The outputs outlined in this appendix are proposed by National Public Health Service and may be subject to further refinement or agreement between the Parties as part of ongoing planning and reporting processes. Note: NPBS has a total underspend of \$1.08 million in 2024/25. All components of this underspend are reflected in the table above, except for \$0.399 million, which – while not itemised – will contribute to the delivery of outputs and performance measures associated with the listed initiatives.

## Planning, Funding and Outcomes

Programme/initiative	Outputs <sup>4</sup> (2025-2026)		Performance measures	Outcomes or success measures
<p><b>Screening, brief intervention and treatment (SBIRT) in hospital settings</b></p> <p>Support for alcohol and other drug (AOD) practitioners to deliver universal screening and provide referrals to treatment for people who use alcohol and other drugs when they present in hospital. 2025/26 is focused on establishing seven SBIRT pilot sites in high-need areas across the country.</p>	Establish pilot sites in Gisborne, Kaitaia, Hastings, Rotorua, Palmerston North, Nelson and Auckland hospital emergency departments	\$2.0m	7 pilot SBIRT sites established by December 2025	<ul style="list-style-type: none"> <li>Increased access to alcohol and other drug support services</li> <li>Reduction in ongoing harm and consumption of alcohol and other drugs</li> <li>Decreased wait times for people to be screened for alcohol and other drug issues upon presentation to hospital settings</li> </ul>
	Evaluation of pilot undertaken to inform ongoing delivery and approach		Increased access to SBIRT within hospital settings (Baseline: New measure)	
<p><b>Impaired driving programme</b></p> <p>Support for programmes that work with recidivist drink or drug driving offenders to reduce reoffending and harmful alcohol and drug use. 2025/26 is focused on expanding the delivery of this programme in locations where current programmes don't meet demand or in centres where there are no courses delivered currently.</p>	Expand impaired driving programme across up to 10 different providers nationally	\$0.64m	At least 20 additional impaired driving courses are delivered	<ul style="list-style-type: none"> <li>Reduction in drink driving reoffending by participants</li> <li>Positive changes in attitudes towards driving while impaired</li> <li>Increased level of engagement and course completion by participants</li> <li>Increased empathy towards victims</li> <li>Increased access across New Zealand to driver impairment programmes</li> </ul>
	Engagement, retention, and post programme follow-up		At least 200 additional participants complete impaired driving programme	
	Evaluation and monitoring of programme		Post-programme support mechanisms are established by February 2026 to enable sustained behaviour change	
			Improved measures established for reoffending rates through integration with justice system data and access to reoffending data	
<p><b>Alcohol interlock support pilot programme</b></p> <p>Support to oversee participants in the alcohol interlock programme from sentencing, progressing through the intervention programme, to completion of their sentence. 2025/26 is focused on establishment of the pilot in two sites and improving coordination between agencies to deliver alcohol interlock interventions.</p>	Establish pilot across two impaired driving programme providers: one Health NZ provider; and one Hauora Māori Services partner	\$0.36m	Successful programme completion by 25-30 participants each across two providers	<ul style="list-style-type: none"> <li>Increased uptake and completion of alcohol interlock orders among sentenced individuals</li> <li>Reduction in drink-driving reoffending among alcohol interlock programme participants</li> <li>Improved system coordination and responsiveness to high-risk drivers</li> </ul>
			Increase in proportion of people sentenced applying for an alcohol interlock licence. (Baseline: approximately 50%)	
	Evaluation and monitoring of pilot programme effectiveness		Evaluation of pilot conducted and reviewed by all agencies	

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<sup>4</sup> The outputs outlined in this appendix are proposed by Planning, Funding and Outcomes and may be subject to further refinement or agreement between the Parties as part of ongoing planning and reporting processes.