

The burden of alcohol-related injuries in New Zealand

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Introduction

The burden of alcohol related injuries cannot be simply derived from health statistics currently collected in New Zealand. However there has been considerable research on this topic. Limited research on interventions to reduce this harm has also been conducted in New Zealand. The resulting publications, on various aspects of the topic, are listed below. The limitations and difficulties of measuring the burden of alcohol related injury should also be noted³⁷⁻³⁸.

Some key points from this research are noted in the introduction. Similarly IPRC fact sheet 41 presents an overview to 2002⁸.

This compilation of readings on alcohol-related injuries in New Zealand does not constitute a formal literature review, and the reader should access the source documents to draw his/her own conclusions on the extent of this burden of alcohol-related injuries in New Zealand and the effectiveness of any interventions to reduce it.

The extensive international literature on this topic has not been searched at this stage, however the reader will find useful references in the New Zealand literature. A further search of this literature can be conducted if required.

Key Points

The most comprehensive research into this topic was conducted in 2005¹. The results were also published in the NZ Medical Journal². Key findings from this research:

“Injury was a major contributor to alcohol-related mortality, being responsible for 51% of deaths (532) and 72% of years of life lost (12,434 YLLs) Most alcohol-related deaths before middle age were due to injury.” Cancers and other chronic diseases contributed to the remaining alcohol-related mortality.
This report is summarised in the paper by Connor et al².

Globally, of the total number of alcohol-attributable deaths³, 32% are from unintentional injuries, including road traffic injuries, and 13.6% are from intentional injuries (deliberate acts of harm to oneself or others)

Some international studies suggest that 10-18% of injured patients attending emergency departments are alcohol-related cases³.

In this study based on an Auckland site, New Zealand reported the second highest proportion of alcohol-related injury presenting to an emergency department – 36%. The New Zealand paper on this study quotes 35%, More detailed NZ data is found in the paper by Humphrey et al⁴.

Specific Causes of Injury

Drowning

28% of deaths from drowning in 15-19 year olds involved alcohol⁵. See also the two papers by Warner et al.^{6,7}.

Road Traffic Injury

The Ministry of Transport provides data on alcohol involvement in motor vehicle traffic injury. From the most recent years' data In 2006 alcohol/drugs was in 99 fatal injury crashes, 409 serious injury crashes and 1128 minor injury crashes resulting in 109 deaths, 556 serious injuries and 1768 minor injuries⁹. See also data for 2005¹⁰ The contribution of alcohol to road traffic injury and the cost of that injury is addressed in papers by Connor et al.¹¹ and Miller et al.^{12,13}.

Falls

The Auckland Falls Study has highlighted alcohol as a risk factor for falls in the home among people 25-60 years of age. This study found^{14,15}:
"Consuming alcohol in the previous six hours was associated with an approximately 12 times increased risk of a fall-related injury."

The role of alcohol in fall injuries in 16-29 year olds was the subject of a PhD Thesis¹⁶.

Fire

Reports published by the Australasian Fire and Emergency Service Authorities Council (AFAC)¹⁷ and the NZ Fire Service¹⁸ and the indicate that alcohol consumption is a factor in residential fires, which can lead to death or serious injury.

Family Violence

A literature review¹⁹ commissioned by the Families Commission identified an increased risk of family violence and other injuries among children of heavy drinkers. Other impacts on children can include fetal alcohol syndrome²⁰.

Suicide and Mental Health

An analysis of the results Te Rau Hinengaro: the New Zealand Mental Health Survey²¹ identifies substance abuse disorders as a contributing factor to suicide in New Zealand, stating: "After depression, substance abuse disorders (including alcohol, cannabis and other drug abuse and dependence) are the most common mental health disorders associated with a vulnerability to suicidal behaviour."

Violence

Evidence from the emergency department indicates the role alcohol plays in inter-personal violence in New Zealand²²⁻²⁴.

Impact on Specific Populations

Youth

See²⁵⁻³¹

Māori

See³²⁻³³

Pacific people

See³⁴⁻³⁵

Asian people

See³⁶

Interventions

A range of interventions from public policy to community based initiatives are discussed in a number of reports and papers³⁹⁻⁵⁵. Some of these have been evaluated and readers may draw their own conclusions as to effectiveness, Consultation with people with expertise in alcohol related harms and injury prevention form organisations as such as ALAC⁵⁵, ACC⁵⁷ and the Safe Communities Foundation New Zealand⁵⁸ and researchers at SHORE, Massey University⁵⁹, IPRU, University of Otago⁶⁰ and the School of Population Health, The University of Auckland⁶¹ is recommended.

Further information

For more information or assistance in retrieving any of these items, please visit the Injury Prevention Information Centre website⁶², or contact the Centre's Information Specialist at: injury@auckland.ac.nz

References

Burden of injury

1. The burden of death, disease and disability due to alcohol in New Zealand. ALAC Occasional Publication no..23. (Report)

by Connor, J.; Broad, J.; Jackson, R.; Vander Hoorn, S.; Rehm, J.
Auckland. N.Z. Alcohol Advisory Council of New Zealand (ALAC) 2005.

[View item](#)

2. The burden of death, disease and disability due to alcohol in New Zealand.. (Article)

by Connor, J.; Broad, J.; Rehm, J.; Vander Hoorn, S.; Jackson, R.
New Zealand Medical Journal, 118(1213) 2005.

See also ALAC occasional paper, no. 23, above, for full report

<http://www.nzma.org.nz/journal/118-1213/1412/content.pdf>

3. Alcohol and injury in emergency departments. Summary of the report from the WHO Collaborative Study on Alcohol and Injuries. (Report)

18pp. Geneva, Switz. World Health Organization, 2007.

This study is the first international attempt to quantify the role of alcohol in injured persons from several different countries using the same methodology based on emergency department data. New Zealand is included in this collaborative study.

[View item](#)

4. Alcohol and injury among attendees at a New Zealand emergency department.

(Article)

by Humphrey G; Casswell S; Han DY

New Zealand Medical Journal, 116 (1168): 10pp. 2003.

[View item](#)

5. Circumstances surrounding drowning in those under 25 in New Zealand (1980-2002). (Report)

by McDonald, G.; Taylor, B.; Carter, M.; Ward, B.

Wellington, N.Z. Child and Youth Mortality Review Committee, Water Safety New Zealand, 2005.

[View item](#)

6. Drowning and alcohol in New Zealand: what do the coroner's files tell us?. (Article)

by Warner M; Smith G S; Langley J D

Australian and New Zealand Journal of Public Health, 24(4):387-390, 2000.

Location: IPRC Research Papers

7. Quality and completeness of alcohol data for drownings in coronial files. Report to the Alcohol Advisory Council of New Zealand.. (Report)

by Warner M; Smith G; Langley J

Dunedin, N.Z. University of Otago, Injury Prevention Research Unit, Department of Preventative and Social Medicine. March 1998.

Location: Books and Reports - Alcohol

8. Alcohol and injuries: fact sheet no.41. (Fact sheet)
4pp. Auckland. N.Z. Injury Prevention Research Centre, 2002.
[View item](#)

9. Alcohol / Drugs: crash statistics for the year ended 31 December 2006. (Fact sheet) Wellington, N.Z.: Ministry of Transport, 2007.
<http://www.transport.govt.nz/assets/NewPDFs/Alcohol-Drugs-Crash-Factsheet-July-07.pdf>

10. Alcohol. (Fact sheet)
by Ministry of Transport
9pp. Wellington, N.Z. Ministry of Transport, 2006.
A fact sheet on the impact of alcohol on road traffic injuries, updated June 2006 (2005 data).
[View item](#)

11. The contribution of alcohol to serious car crash injuries.. (Article)
by Connor, J.; Norton, R.; Ameratunga, S.; Jackson, R.
Epidemiology, 15(3): 337-344, 2004.
Location: E-journals
[More](#)

12. Cost savings from a sustained compulsory breath testing and media campaign in New Zealand. (Article)
by Miller, T.; Blewden, M.; Zhang, J.
Accident Analysis and Prevention, 36: 783-794, 2004.

13. Costs of alcohol-related crashes: New Zealand estimates and suggested measures for use internationally. (Article)
by Miller TR; Blewden M
Accident Analysis & Prevention, 33:783-791, 2001.

14. The contribution of alcohol to falls at home among working-aged adults. (Article)
by Kool, B.; Ameratunga, A.; Robinson, E.; Crengle, S.; Jackson, R..
Alcohol, 42(5): 383-388, 2008.
This paper reports the findings from the Auckland Falls Study, a population-based case-control study designed to identify modifiable risk factors for unintentional falls at home resulting in death or admission to hospital among working-age adults (25 to 60 years). This study was conducted by researchers at The University of Auckland. This article has also been summarised in IPIC Research Bulletin no.3, see below.

15. Risk factors for serious fall-related injuries at home among working-age adults. (Fact sheet)
by Kool, B.; Ameratunga, A.; Sultana, S.; Richards, G.
2pp. Auckland, N.Z. Injury Prevention Information Centre, School of Population Health, University of Auckland, 2008.
This research bulletin summarises the findings from the Auckland Falls Study, a population-based case-control study designed to identify modifiable risk factors for unintentional falls at home resulting in death or admission to hospital among working-age adults (25 to 60 years). This study was conducted by researchers at The University of Auckland.
<http://www.fmhs.auckland.ac.nz/soph/centres/ipic/docs/rb3.pdf>
16. The role of alcohol in serious fall-related injuries among 16-29 year olds. PhD - Community Health thesis. (Thesis)
by Fairnie VM
Auckland, N.Z. University of Auckland, 2003.
Available from the University of Auckland Philson Library
17. Accidental fire fatalities in residential structures; who's at risk? (Report) by Australasian Fire Authorities Council
Melbourne: Australasian Fire Authorities Council, 2005.
http://knowledgeweb.afac.com.au/research_reports/people_and_communities/high_risk_groups/accidental_fire_fatalities_in_residential_structures_whos_at_risk
18. Human behaviour contributing to unintentional residential fire deaths 1997-2003. New Zealand Fire Service Commission Research Report no. 47. (Report) by Miller, I.
Wellington, N.Z. New Zealand Fire Service Commission, 2005.
http://www3.fire.org.nz/CMS_media/pdf/49ddaf7ed7ad61ec0a927116faf67836.pdf
19. Families and heavy drinking: impacts on children's wellbeing: systematic review. (Systematic Review)
by Girling, M.; Huakau, J.; Casswell, S.; Conway, K.
80pp. Wellington, N.Z. Families Commission, 2006.
This review identifies and reviews the current research literature about the impacts of heavy parental alcohol use on children. Prepared by Centre for Social and Health Outcomes Research and Evaluation (SHORE) & Te Ropu Whariki, Massey University
<http://www.familiescommission.govt.nz/download/blueskies-shore.pdf>

20. Fetal alcohol spectrum disorder in New Zealand: Activating the Awareness and Intervention Continuum. Briefing paper. (Report)
by Alcohol Healthwatch
51pp. Auckland. N.Z. Alcohol Healthwatch, 2007.
This Alcohol Healthwatch Action on Liquor briefing paper outlines current knowledge of Fetal Alcohol Spectrum Disorder, caused by drinking alcohol during pregnancy and the situation in Aotearoa New Zealand regarding its prevention and treatment. The purpose of the paper is to inform and guide the development of effective policy and responses within the various relevant public sectors. See the Alcohol Healthwatch newsletter News & Views, issue 1, 2007 for a brief summary of this paper.
[Website](#)

21. Substance use disorders in Te Rau Hinengaro: the New Zealand mental health survey. (Report)
by Wells, J.E.; Baxter, J.; Schaaf, D. (eds).
xxviii, 138pp. Wellington, N.Z. Alcohol Advisory Council of New Zealand, 2006.
This report analyses data from Te Rau Hinengaro: the New Zealand Mental Health survey to determine the prevalence of substance disorders in New Zealand and their patterns of onset and impact for adults in New Zealand.
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22. The knock on effects of unrestrained drinking. (Editorial)
by Connor, J.
New Zealand Medical Journal, 121(1271): 11-14, 2008.
This editorial highlights the harm to others caused by excessive drinking and urges more effective population-based approaches to reduce this harm in New Zealand.
[View item](#)

23. The role of alcohol in maxillofacial fractures. (Article)
by Lee, K.H.; Snape, L.
New Zealand Medical Journal, 121(1271): 15-23, 2008.
This study examined the experience of the Christchurch Hospital in treating alcohol-related facial fractures over an 11 year period. Of the 2581 patients seen with facial fractures during the study period, 49% of the injuries were alcohol-related. Males accounted for 88% of alcohol-related fractures and 59% were males in the 15 to 29 year age group; 78% of alcohol-related fractures were due to interpersonal violence and 13% to motor vehicle accidents. 65% required hospital admission and 58% underwent surgery.
[View item](#)

24. Maxillofacial fractures at Waikato Hospital, New Zealand: 1989 - 2000. (Article)
by Buchanan, J.; Colquhoun, A.; Friedlander, L.; Evans, S.; Whitley, B.; Thomson, M.
New Zealand Medical Journal, 118(1217) 2005.
Interpersonal violence and use of alcohol were identified as major risk indicators for facial injuries in this study.
[View item](#)

25. Minimum purchasing age for alcohol and traffic crash injuries among 15- to 19-year olds in New Zealand. (Article)

by Kypri, K.; Voss, R.B.; Langley, J.D.; Stephenson, S.C.R.; Begg, D.J.; Tippetts, A.S.

American Journal of Public Health, 96(1): 126-31, 2006.

This study tests the hypothesis that lowering the minimum purchasing age for alcohol in New Zealand in 1999 led to increased traffic crash injuries in 15 to 19 year olds. A pre- and post- comparison research design was used. This study has been widely reported in the media, see for example, NZ Herald, 28/12/2005.

[Abstract](#)

26. Trends in alcohol-related harms and offences in a liberalized alcohol environment. (Article)

by Huckle, T.; Pledger, M.; Casswell, S.

Addiction, 101(2):232-240, 2006.

Researches the New Zealand experience between 1990 and 2003. The minimum purchase age for alcohol was lowered from 20 to 18 years in 1999.

[Abstract](#)

27. Young people and alcohol. Some statistics to 2003 and 2004 on possible effects of lowering the purchase age. (Report)

by Lash B

53pp. Wellington: Ministry of Justice, 2005.

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[Website](#)

28. Research findings. Young people and alcohol. Some statistics on possible effects of lowering the drinking age. (Report)

by Lash B

Wellington, N.Z. Ministry of Justice, 2002.

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29. Assessment of the health impact of lowering the minimum legal age for purchasing alcohol in New Zealand. (Report)

by Alcohol Advisory Council of New Zealand

Wellington, N.Z. Alcohol Advisory Council of New Zealand (ALAC). 2002.

Location: Books and Reports - Alcohol

30. Alcohol use and tertiary students in Aotearoa - New Zealand. ALAC Occasional Publication: no.21. (Literature review)

by Towl, D.

Alcohol Advisory Council of New Zealand, June 2004.

Review of the international and New Zealand literature on tertiary education students, their attitude to and use of alcohol, and tertiary education institutions' strategies for reducing alcohol-related harm among this particularly vulnerable group.

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31. Benzylpiperazine-based party pills' impact on the Auckland City Hospital Emergency Department Overdose Database (2002–2004) compared with ecstasy (MDMA or methylene dioxymethamphetamine), gamma hydroxybutyrate (GHB), amphetamines, cocaine, and alcohol.. (Article)
by Theron, L.; Jansen, K.; Miles, J.
New Zealand Medical Journal, 120(1249): 8pp. 2007.
The authors conclude that the impact of BZP on Auckland City Hospital's emergency department was relatively small during this period. Data for 2005 and 2006 is currently being analysed.
[View item](#)

32. Differences in patterns of alcohol consumption between Maori and non-Maori in Aotearoa (New Zealand).. (Article)
by Bramley, D.; Broad, J.; Harris, R.; Reid, P.; Jackson, R.; Alcohol Burden of disease and Disability Group
New Zealand Medical Journal, 116(1184): 645, 2003.
[View item](#)

33. ACC Maori claimant's report. (Report)
by Brewin, M.; Wong, G.; Coggan, C.A.; Bennett, S.
Auckland. N.Z. Injury Prevention Research Centre, 2004.
[View item](#)

34. Pacific drugs and alcohol consumption survey 2003: final report: Volume 1. Prepared for Public Health Intelligence, Ministry of Health. (Report)
by Pacific Research & Development Services; SHORE/Whariki, Massey University Auckland. N.Z. Pacific Research & Development Services SHORE/Whariki, Massey University, June 2004.
This report presents results of a national survey on the use of tobacco, alcohol, kava, marijuana, other recreational drugs and gambling for Pacific people living in Aotearoa New Zealand. The four ethnic groups compared to the total Pacific sampler were Samoan, Cook Islands Maori, Tongan and Niuean.
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35. New Zealand Pacific peoples' drinking style: too much or nothing at all?. (Article)
by Huakau, J.; Asiasiga, L.; Ford, M.; Pledger, M.; Casswell, S.; Suaalii-Sauni, T.; Lima, I.
New Zealand Medical Journal, 118(1216) 2005.
[View item](#)

36. Alcohol and drugs in New Zealand: an Asian perspective: a background paper. ALAC occasional paper: no.22. (Literature review)
by Cheung, V. Y. M.; Nguyen, J-L.; Yeung, P.H.Y.
Wellington, N.Z. Alcohol Advisory Council of New Zealand, September 2004.
This paper reviews New Zealand and international literature with the aim of identifying factors associated with an increased risk of A&D misuse among New Zealand's Asian population – and any concerns that may not have been recognised, or responded to, in current A&D services
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37. Assessing the validity of potential alcohol-related non-fatal injury indicators. (Article)

by Langley, J.; Kypri, K.; Davie, G.
Addiction, 103(3): 397-404, 2008.

Researchers based at the Injury Prevention Research Unit, University of Otago assess critically the face validity of the World Health Organization's (WHO's) International Guide for Monitoring Alcohol Consumption and Related Harm (MACRH) for deriving indicators, for the purposes of developing non-fatal alcohol-related injury indicators in New Zealand. The researchers conclude that the WHO guidelines need to be revised to include criteria for a valid outcome indicator.

[Abstract](#)

This article highlights the difficulties of determining non-fatal alcohol-related injury indicators for New Zealand.

38. Alcohol related data collection for harm reduction purposes at the local level: a review of New Zealand data and action recommendations. (Report)

by Holder HD

Auckland. N.Z. Alcohol and Public Health Research Unit (APHRU), Department of Community Health, The University of Auckland, 2002.

Interventions

39. ALAC Working Together conference 2007. [Proceedings of conference held in Christchurch, 3-4 May 2007. (Conference proceedings)

Wellington, N.Z. ALAC, 2007.

Presentations from the ALAC Working Together conference 2007 are now available online via the Past Events page of ALAC website. Conference streams included: Monitoring and enforcement; Initiatives to reduce intoxication; Social marketing; Evaluation of community projects; and Policy, planning and regulation. Keynote and other presentations and Workshops can also be accessed. Presentations are powerpoint style but available in pdf format which should make them accessible to most people. Scroll down Past Events page to find presentations from this conference.

[Website](#)

40. What works to reduce alcohol-related harm and why aren't the policies more popular?. (Article)

by Casswell, S.; Maxwell, A.

Social Policy Journal of New Zealand / Te Puna Whakaaro, 25: 118-141, 2005.

[View item](#)

41.Reducing alcohol related violence and improving community safety: the Alcohol Linking Program. (Article)

by Wiggers, J.

NSW Public Health Bulletin, 18(5-6): 183-185, 2007.

This paper reports on a decade-long research initiative that involved the development and implementation of police systems designed to enhance identification of, and police capacity to respond to, premises suggested to be associated with such harms. This programme has now been adopted by the NSW Police and the New Zealand Police.

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42.Evaluation of High on Life: a secondary school-based alcohol and other drug intervention initiative. (Report)

by McClellan, V.

77pp. Wellington, N.Z. Alcohol Advisory Council, 2006.

This initiative was trialled in Wanganui during 2003 and 2004 and later adapted and implemented in Taranaki region. There is evidence that this initiative dramatically reduced drug-related suspension rates in participating schools.

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43.An evaluation of the Waiuku community action on alcohol project. (Report)

by Jones, K.

2006.

The objectives of this community action project funded by the Ministry of Health were: to reduce the social supply of alcohol to young people under 18 years; to reduce access to off licence purchases by young people under 18 years; to reduce drinking and intoxication in public places; and, to challenge the marketing of alcohol to young people and to change existing social norms of alcohol use.

This evaluation examines the establishment and implementation of the project and documents the processes and activities undertaken towards meeting the project objectives. The report is available from Alcohol Healthwatch.

<http://www.ahw.co.nz>

44. YATA evaluation. (Report) by Litmus

80pp. Wellington, N.Z. Alcohol Advisory Council, 2006.

After running for three years ALAC's YATA (Youth Access to Alcohol) has been formally evaluated by Litmus. Case studies of YATA programmes in Whakatane, Gore, Manukau, Christchurch, Nelson, Waiheke Island, Waitakere and Kaitaia are included in the report. An overview of the report is published in alcohol-org-nz, June 2006, p12-13 or see the link below for the full report.

[View item](#)

45. Auckland Regional Community Action Project on Alcohol evaluation report. Final report. (Report)

by Greenaway, S.; Conway, K.; Casswell, S.; Huckle, T.; Sweetsur, P.

59pp. Auckland. N.Z. Centre for Social and Health Outcomes Research and Evaluation (SHORE) & Te Ropu Whariki, Massey University, 2005.

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46. The impact of enforcement on intoxication and alcohol related harm. Final report. (Report)
by Sim, M.; Morgan, E.; Batchelor, A.
Wellington, N.Z. Accident Compensation Corporation, 2005.
This study was designed to test the impact of heightened liquor licensing enforcement activities targeting licensed premises in the Wellington area, compared with normal enforcement activity both before and after the intervention. The full report can be downloaded from web page noted below.
[View item](#)
47. Public health policy on alcohol: an international perspective. A report to NHS Health Scotland, commissioned and funded by the Public Health Institute of Scotland.. (Report)
by Crombie, I.K.; Irvine, L.; Elliott, L.; Wallace, H.
Dundee: Section of Public Health, University of Dundee, 2005.
The report considers the alcohol policies of Australia, Canada, United States, Denmark, Finland, Ireland, Japan, New Zealand, Norway, Sweden, England, Northern Ireland, Scotland and Wales. In the authors' view Australia and New Zealand have the most "extensive and detailed" policies, supported by evidence and with a commitment to monitoring and evaluation. A full review of this report can be found in *Addiction*, 100(10):1562-63.
Location: Books and Reports - Alcohol
48. Wellington City liquor control bylaw: evaluation report. (Report)
by Sim, M.; Morgan, E.; Batchelor, A.
Wellington, N.Z. New Zealand Police, 2005.
This report evaluates the impact of the liquor ban bylaw introduced in Wellington City and provides pointers on how to increase the effectiveness of liquor bans in public places. A summary of the report is available at:
<http://www.ndp.govt.nz/publications/wellingtonliquorcontrolreport.html>
[View item](#)
[Website](#)
49. Evaluation of the New Zealand Post "Drugs and alcohol - not at work, be smart, stay sharp" programme. (Report)
by Bennett, s.; Coggan, C.A.
Injury Prevention Research Centre, 2004.
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- 50..Alcohol + NZ: the Alcohol Advisory Council working to reduce alcohol-related harm in New Zealand [year in review, 2002-03]. (Annual review)
Wellington, N.Z. Alcohol Advisory Council of New Zealand (ALAC) [2003]
<http://www.alac.org.nz>
51. Adolescent drug and alcohol abuse causes and outcomes. (Article)
by Kingsbury, M.
Social Work Now, 32: 12-18, 2005.
Summarises recent research and suggested interventions
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52. Screening and intervention for alcohol problems following unintentional injury: a missed opportunity?. (Article)
by Hosking, J.; Ameratunga, S.; Bullen, C.; Civil, I.; Ng, A.; Rodgers, A.
New Zealand Medical Journal, 120(1249): 9pp. 2007.

This study revealed that screening and interventions for alcohol problems among this group of patients was infrequent, indicating missed opportunities to reduce alcohol-related harm.

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53. Māori health promotion; [powerpoint presentation] at Te Pae Mahutonga hui, July 2005. (Conference presentation)

by Durie, M.

Kirikiroa marae: 2005.

Presents the history of Maori health promotion with background information on the social and political environment for Maori since pre-colonial times. Includes references to the prevention of suicide and alcohol and drug use harm as modern health concerns for Maori. Concludes with examples of the application of Te Pae Mahutonga to Maori health promotion. 56 slides.

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54. Alcohol in Auckland: reducing associated harm. (Report)

by Matheson, A.

Auckland. N.Z. Auckland Regional Public Health Service, 2005.

This report provides an overview of alcohol use and misuse in the Auckland region. The lack of region specific data is identified and the need to develop some localised indicator data on trends in alcohol-related harm is flagged.

This report also reviews the current literature surrounding interventions to reduce alcohol-related harm; what works and what does not. The report concludes with recommendations for the future direction of Auckland Regional Public Health Service's (ARPHS) alcohol projects.

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55. Alcohol-related harm in Dunedin City. (Report)

by Kypri, K.

Dunedin, N.Z. Injury Prevention Research Unit, University of Otago, 2003.

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56. ALAC (Alcohol Advisory Council) <http://www.alac.org.nz>

57. ACC <http://www.acc.co.nz>

58. Safe Communities Foundation New Zealand <http://www.safecommunities.org.nz>

59. SHORE (The Centre for Social and Health Outcomes Research and Evaluation), Massey University <http://www.shore.ac.nz>

60. IPRU (Injury Prevention Research Unit), University of Otago.

<http://www.otago.ac.nz/ipru>

61. The School of Population Health, The University of Auckland
<http://www.fmhs.auckland.ac.nz/soph>

62. Injury Prevention Information Centre, The University of Auckland
<http://www.fmhs.auckland.ac.nz/soph/centres/ipic>