

# Alcohol policy for Cook Islands

# Vision

A Cook Islands free of the harmful use of alcohol and its consequences.

# Goal

To create systems and environments that prevent the harmful use of alcohol and the subsequent impacts on health and safety, social harmony, and productivity; and to reduce the related burden on healthcare systems and law enforcement.

# Situational background

Alcohol is a toxic and psychoactive substance with dependence producing properties. Unlike other similar substances, alcohol is widely accepted as a part of social interactions and often included in cultural, recreational, and even official events and activities. This creates social norms acceptability about alcohol use. However, there is no safe level of alcohol use and the harmful use of alcohol contributes to a wide array of consequences including health and social problems.

Alcohol contributes to more than 200 specific disease states including non-communicable diseases (NCDs), communicable diseases, birth defects, and dependency. Particularly problematic uses of alcohol include drink driving, early initiation among youth, alcohol use in pregnancy, and binge drinking. Alcohol is one of the four leading risk factors for NCDs and the harmful use of alcohol leads to domestic violence, injuries, family and community disruptions, and economic losses due primarily to loss of productivity. This demonstrates that the harmful use of alcohol impacts more than the consumer but harms those close including family, friends, and community.

The harmful use of alcohol is responsible for 3 million deaths globally each year. Younger males and vulnerable populations are most impacted. Between age 15 and 49, alcohol is the leading risk factor for premature death and disability.

Many factors influence consumption patterns including access, availability, affordability, culture, social norms in communities and individual characteristics including age, gender, family factors and socio-economic status.

Alcohol is widely available and commonly consumed in the Cook Islands. Approximately half of adults are current drinkers as are one third of youth age 13 to 17. Adults who drink consume an average of 20.8 litres of pure alcohol per year. Alcohol contributes to most road fatalities, about a third of gender-based violence, and is one of the top four risk factors for NCDs.



The harmful use of alcohol creates barriers to the NCD goals of the Cook Islands, road safety goals and several sustainable development goals targets including traffic-related mortality, premature deaths from NCDs, and violence against women.

# Principles

- 1. Collaboration All agencies will work in a collaborative manner towards the vision
- 2. Commitment Alcohol control success requires commitment in the form of advocacy, resource mobilisation, and technical capacity-building and programmatic action
- 3. Evidence-based Alcohol control measures will be based on evidence and best practice, contextualised to the Cook Islands
- 4. Efficiency To efficiently use resources
- 5. Equity Fair treatment for all
- 6. Equality- Everyone will be treated equally
- 7. Human rights Everyone, especially women and children, deserve to be protected from the physical and mental harms from other's drinking
- 8. Independence The alcohol industry will not be allowed to influence decisions about alcohol control measures because their goals are profit-driven
- 9. Protect youth It is a responsibility of government to prevent youth access to alcohol.

# Objectives to meet the vision

1. Objective one: To reduce alcohol accessibility

# **Policy and law**

Enacting and enforcing restriction on commercial and public availability of alcohol through strong and effective licensing laws for sales, imports and manufacture, and related policies and programmes, are important ways to reduce the harmful use of alcohol. These essential measures prevent easy access to alcohol by youth and other high-risk groups. Numerous types of restrictions can exist within licensing laws that serve to reduce access by youth and reduce overconsumption.

# **Enforcement and monitoring**

Implementation must be supported by strong monitoring systems to enable accountability and track progress. Assignment of responsibilities for monitoring and enforcement help to create effective implementation.

# **Anticipated outcomes**

Strong and effectively alcohol licensing can prevent youth access thus delaying initiation; reduce overconsumption and binge drinking among heavy users of alcohol, and reduce drink driving. This can reduce a variety of alcohol-related problems such as alcohol dependence, domestic and other violence, communicable and noncommunicable diseases, and lost productivity in workplaces.



# 2. Objective two: Reduce exposure to alcohol marketing influences

# Policy and law

Bans and comprehensive restrictions on alcohol advertising, sponsorships and promotions are impactful and cost-effective measures. Enacting and enforcing bans or comprehensive restrictions will benefit public health and protect children and adolescents from the pressure to consume alcohol. This strategy can help change social norms around alcohol use.

#### **Enforcement and monitoring**

Implementation must be supported by strong monitoring systems to enable accountability and track progress. Roles and responsibilities identify who and how marketing restrictions will be monitored and enforced and how violations will be handled. A regulatory framework can ensure implementation is sustainable. Resourcing of this enforcement will be critical.

#### **Anticipated outcomes**

Restricting or banning alcohol marketing prevents unnecessary influences on young people and can help change social norms about alcohol use and acceptance. Regulating the content and volume of alcohol marketing, sponsorship and promotion can reduce alcohol use among young people.

#### 3. Objective Three: Prevent drink driving

#### **Policy and law**

Effective policy options include setting and enforcing a maximum blood alcohol limit, setting lower limits for young and/or professional drivers, implementing random breath testing, prohibit overserving of alcohol. Coordinate effective campaigns in coordination with traffic enforcement is beneficial.

#### **Enforcement and monitoring**

Enforcement is a necessary component of drink driving prevention and includes training and tools for law enforcement officers to conduct random breath tests and/or successfully stop suspected drunk drivers.

#### **Anticipated outcomes**

Implementation of strong, effective drink-driving laws will reduce crashes, which in turn will reduce injuries and fatalities. This will also reduce the costs of healthcare and law enforcement in responding to alcohol-related injuries.



# 4. Objective Four: Decrease affordability of alcohol

# Policy and law

Alcohol taxing and pricing control measures are among the most effective and cost-effective methods of controlling alcohol. Increasing excise taxes is a proven measure to reduce alcohol related harms and it generates revenue which may offset the costs of alcohol-related harms. Effective taxation systems are specific excise taxes based on alcoholic content of beverages that are regularly reviewed and increased to account for inflation and income.

# **Enforcement and monitoring**

Clear responsibilities and accountabilities for enforcement are critical. Strong partnerships with stakeholders and the community are required. A combination of these measures will help to limit illicit alcohol availability.

#### **Anticipated outcomes**

Decreasing affordability of alcohol and related reductions in harmful use of alcohol such as binge-drinking, youth initiation, drink-driving and thereby a reduction in the health and social problems associated.

# 5. Objective Five: Provide alcohol dependence treatment

#### Policy and law

Health services and health professionals can help people reduce or stop harmful use of alcohol through prevention and treatment services. Screening and brief interventions for harmful drinking in health care services can help identify and manage harmful drinking for a variety of groups including pregnant women, individuals with drug-use disorders, mental health challenges such as depression and/or suicide, communicable diseases and injuries. Screening and brief interventions for hazardous and harmful use of alcohol and reduce harm and prevent dependence.

#### **Enforcement and monitoring**

Health care plans and systems should be designed to provide and monitor the availability of screening and brief interventions, and if appropriate and available, referrals or dependence treatment.

#### **Anticipated outcomes**

Many of the individuals who interact with healthcare and are screened and provided brief interventions services will become more aware of the consequences and risks of their problem drinking and will reduce or stop their drinking. This will decrease the consequences of the harmful use of alcohol.

#### **Relevant Documents**

- Liquor Sales Act 1991-92
- Customs Tariff Act 2012



- Customs Revenue and Border Protection Act 2012 and Regulations
- Transport Act 1966, Amendment 2016 and Amendment 2020
- VAT Act 1997 and Amendments
- Public Health Act 2004
- Ministry of Health Act 2013
- NCD Strategic Plan 2021-2024
- WHO SAFER

Reference: World Health Organization (2018) SAFER Initiative