DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Andrew Little, Minister of Health:

Health and Disability System Reform Briefings

The following documents have been included in this release:

Title of paper: Health Reform Strategy and Approach to Legislation

Title of paper: Health Reforms: Implementation and Transition Cabinet Paper

Title of paper: Health Reforms: Planning and Accountability Framework

Title of paper: Health Reforms: Implementation of a Consumer Voice Framework

Title of paper: Health Reforms: Legislation Cabinet Paper Summary and Talking Points

Title of paper: Health Reform: Legislation and Transition Update

Title of paper: Health Reforms: Legislating for Public Health Structures

Title of paper: Health Reforms: Legislating Intervention Powers and Obligations Relating to Health New Zealand

Title of paper: Health Reforms: Final Decisions for Legislation

Title of paper: Health Reforms: Implementation Cabinet Paper Summary and Talking Points

Title of paper: Confirming Hauora Māori System Settings

Title of paper: Health Reforms: Employment Relations Settings

Title of paper: Further Policy Decisions for the Health Reform Bill: Cabinet Paper Summary and Talking Points

Title of paper: Health Reforms: Development of the NZ Health Charter and Associated Legislative Provisions

Title of paper: Health Reforms: Independent Alcohol Advice and Research Function and Levy

Title of paper: Health Reforms: Remaining Transitional and Consequential Provisions for Decision

Title of paper: Joint Te Kawa Mataaho/ Health Transition Unit Report: Māori Health Authority – Proposed Application of Crown Entities Act 2004 and Public Service Act 2020

Title of paper: Health Reforms: Draft Cabinet Paper to Approve Bill for Introduction and Health System Principles

Title of paper: Pae Ora (Healthy Futures) Bill: Approval for Introduction at Cabinet

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Key to redaction codes:

- section 9(2)(a), to protect the privacy of individuals;
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- section 9(2)(h), to maintain legal professional privilege.

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Briefing

HEALTH REFORMS: INDEPENDENT ALCOHOL ADVICE AND RESEARCH FUNCTION AND LEVY

To Hon Andrew Little, Minister of Health Cc: Hon Peeni Henare, Associate Minister of Health			
Date	2/09/2021	**Priority**	Routine
Deadline	6/09/2021	**Briefing Number**	DPMC-2021/22-263

Purpose

This briefing outlines options and a recommendation for the future placement of the independent alcohol advice and research function currently in Te Hiringa Hauora/Health Promotion Agency, and the associated levy. The placement of the function and levy will be reflected in the Health Reform Bill.

Officials will discuss this briefing alongside other outstanding provisions for the Health Reform Bill at your meeting on Monday 6 September at 8:30am.

Recommendations

a. **Note** that in March 2021 Cabinet agreed to disestablish Te Hiringa Hauora/Health Promotion Agency as a Crown Entity and to move its functions to Health New Zealand the Public Health Agency.

b. **Note** that Te Hiringa Hauora/Health Promotion Agency has specific alcohol advice and research functions and is paid a levy under the Public Health and Disability Act 2000.

c. **Note** that attribution of these alcohol functions and the levy will need to be amended in the Health Reform Bill.

EITHER

d. **Agree** to place the alcohol functions and the levy in the Māori Health Authority; **Yes / No**

OR

e. **Agree** to place the alcohol functions with the Director of Public Health and the levy in the Public Health Agency **Yes / No**

f. **Note** that your decision regarding the placement of the alcohol functions and the levy will be incorporated into the Health Reform Bill

g. **Note** that final drafting instructions for the Health Reform Bill need to be provided to Parliamentary Counsel Office before 10 September 2021.

pp Stephen McKernan **Director, Transition Unit**	Hon Andrew Little **Minister of Health**
3/09/2021	…../…../….

Contact for telephone discussion if required:

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Minister's office comments:

- ☐ Noted
- ☐ Seen
- ☐ Approved
- ☐ Needs change
- ☐ Withdrawn
- ☐ Not seen by Minister
- ☐ Overtaken by events
- ☐ Referred to

HEALTH REFORMS: INDEPENDENT ALCOHOL ADVICE AND RESEARCH FUNCTION AND LEVY

Executive Summary

1. Te Hiringa Hauora/Health Promotion Agency inherited alcohol-related functions when it was established as a Crown Entity in 2012, which includes:

    a. research and advice on use, misuse and harm of alcohol

    b. administering a levy of approximately $11.5M per annum from alcohol produced in or imported into New Zealand to activities to address harm from alcohol.

2. Te Hiringa Hauora will be disestablished as a Crown entity when new legislation comes into effect on 1 July 2022. The majority of its functions will be transferred into Health NZ to act as a shared service between Health NZ and the Māori Health Authority, and other relevant functions transferred to the Public Health Agency. Detailed mapping of Te Hiringa Hauora's functions to new entities has not yet been completed.

3. Current legislation includes provisions that attribute the alcohol functions and levy as responsibilities of Te Hiringa Hauora, which will need to be amended in the Health Reform Bill to reflect the new system structures.

4. There are two main options regarding where alcohol functions and the levy could sit within the future system. For both options the alcohol functions and levy are recommended to stay together, rather than being split across entities. The options are placing the functions and levy in either the Māori Health Authority, or the Public Health Agency.

5. Placing the functions and levy in the Māori Health Authority has multiple alignments with the intent of the new health and disability system, such as focus on equity, and aligns well with the proposed functions of the Māori Health Authority. It is also:

    a. an acknowledgement of the disproportionate harm of alcohol to Māori

    b. an opportunity for a more direct relationship between the alcohol policy, research and programme functions to be connected to Māori communities through the Iwi-Māori Partnership Boards and the Authority's proposed accountabilities to Māori.

6. If this option were chosen, the Māori Health Authority would need to deliver these functions for all communities, not only Māori – which would introduce a novel way of working to its operating model, which generally expects advocacy for Māori in particular.

7. Placing the functions in the Public Health Agency also has alignment with the overall functions and capabilities envisaged for the Agency. The Public Health Agency will lead on all public health and population health policy, strategy, regulatory, intelligence, surveillance and monitoring functions. The Director of Public Health could exercise independent advisory functions, and commissioning of initiatives using levied funding could be contracted out to a combination of Health NZ and the Māori Health Authority.

8. Your decision regarding the placement of the alcohol functions and the levy will be incorporated into the Health Reform Bill. The final drafting instructions for the Health

Reform Bill need to be provided to Parliamentary Counsel Office before 10 September 2021.

Background

9. Te Hiringa Hauora/Health Promotion Agency was established as a Crown entity in 2012 under the New Zealand Public Health and Disability Amendment Act 2012. At the time of establishment, Te Hiringa Hauora assumed the property, rights, and liabilities of the Alcohol Advisory Council and the Health Sponsorship Council. Te Hiringa Hauora has the following alcohol-related functions:

    a. Give advice and make recommendations to government, government agencies, industry, non-government bodies, communities, health professionals, and others on the sale, supply, consumption, misuse, and harm of alcohol so far as those matters relate to Te Hiringa Hauora's general functions.

    b. Undertake or work with others to research the use of alcohol in New Zealand, public attitudes towards alcohol, and problems associated with, or consequent on, the misuse of alcohol.

10. In carrying out these roles Te Hiringa Hauora may not be directed to give effect to Government policy. As a Crown agent Te Hiringa Hauora is normally required to give effect to Government policy when directed by the responsible Minister, but in relation to its alcohol-specific functions it may only be directed to have regard to Government policy.

11. The roles are also supported by the Health Promotion Agency Levy (the levy) on alcohol produced in or imported into New Zealand. The levy is approximately $11.5M per annum, and may be set to recover costs incurred by Te Hiringa Hauora in:

    a. addressing alcohol-related harm

    b. its other alcohol related activities.

12. A brief history of the levy is outlined in **Attachment A**.

13. Under the Health and Disability System reforms, Te Hiringa Hauora will be disestablished and its functions transferred to Health New Zealand and the Public Health Agency of the Ministry of Health. The Health and Disability System Review recommended that independence is retained for the alcohol-specific functions but did not recommend where in the future system these functions should sit.

14. The Transition Unit propose to retain the statutory alcohol functions and the levy in the new health and disability system. This paper presents the rationale and options for this.

Why retain the functions and the levy

15. The impact of alcohol continues to be significant for individuals, whānau and communities across Aotearoa New Zealand. Māori are disproportionately affected by these impacts.

16. The impact of alcohol and interventions to address this have been well documented, initially in the Law Commission's *Alcohol in our Lives* (2010), and in subsequent government and non-government reviews, including:

a. The Effectiveness of Alcohol Pricing Policies: Reducing Harmful Alcohol Consumption and Alcohol-Related Harm (Ministry of Justice, 2014)

b. Recommendations on alcohol advertising and sponsorship (Ministerial Forum on Alcohol Advertising and Sponsorship, 2014)

c. Reducing Alcohol-Related Harm (New Zealand Medical Association, 2015)

d. Te Tiriti o Waitangi Alcohol Healthcare claim, Wai 2624

e. He Ara Oranga - the Government Inquiry into Mental Health and Addiction (2018)

f. Prevention Brief 2020 (Health Coalition Aotearoa, 2020)

g. Mā Te Rongo Ake / Through Listening and Hearing (Mental Health and Wellbeing Commission, 2021)

h. Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand (Alcohol Healthwatch, 2021).

17. There are expectations from communities and the sector that the government will support them to take action on alcohol, particularly by the communities most impacted by the negative effects of alcohol. The independent advice and research functions and associated levy is an important signal for this. Any reduction in this function or in the quantum of the levy risks the perception that the Government's commitment to addressing the harm from alcohol has reduced or has been impacted by the influence of the alcohol industry on policy.

Aligning intent of statutory alcohol functions to health reforms

18. In developing and reviewing options to continue the statutory alcohol functions and the levy in the new health and disability system, we have taken into account the intent of the reforms. This includes relevance to the five system shifts, the associated population health approach, and the desire to address the determinants of health.

19. We have considered how the system is intended to operate: where functions are proposed to sit, the roles and responsibilities of new entities, and the relationships between them. We have also considered how the options support opportunities for collective action across the system on alcohol-related harm.

20. The options are presented below. There are two options that could be progressed, and both have merits and features that would align well with the future system operating model.

Options considered

21. We have considered two options to transfer the existing statutory alcohol functions and the levy into the new system:

a. placing the functions and the levy in the Māori Health Authority, or;

b. placing the functions and the levy in the Public Health Agency, including specific roles for the Director of Public Health.

22. In both options we propose tying the functions and the levy together, as it is simpler and more coherent.

23. Wherever the functions and levy are placed, it is expected that, in line with the system expectations, the Ministry of Health (including the Public Health Agency), Health New Zealand, and the Māori Health Authority will work together to address alcohol-related harm collectively across the system, in partnership with communities and whānau, and with other actors outside the health system, such as central and local government agencies.

24. We have not considered the option of vesting the functions and levy in Health New Zealand because of the limited policy and advice capacity proposed for that entity. There is a role for Health New Zealand in addressing alcohol-related harm and this will be explored as we work through the transfer of functions from Te Hiringa Hauora, the role and functions of the National Public Health Service, and how alcohol related harm is addressed across the whole of the system.

25. We have also not considered the option of establishing a stand-alone entity for the statutory alcohol functions and the levy. This option does not fundamentally align with the objective of a simpler, more cohesive and more coherent allocation of functions across organisations in the future.

Māori Health Authority

26. Vesting the statutory alcohol functions and the levy in the Māori Health Authority is considered a strong option because of multiple alignments with objectives of the new health and disability system, and the proposed role and functions of the Māori Health Authority. We consider that this alignment will also increase the potential to make significant inroads into minimising alcohol-related harm.

Independent advice

27. The system operating model has been designed so that the Authority will primarily work with in partnership with the Ministry of Health on strategy and policy. However, the Authority will have the ability to give independent advice, and will do so in some circumstances (e.g. on Health NZ's performance against the Māori Health Plan) so an independent advisory function would not be out of sync with the Authority's overall role.

28. Because of its role in the future health system, the Māori Health Authority will have complementary accountabilities to the Minister of Health and to Māori. These accountabilities – and the mana, expertise and capabilities which the Authority will have to allow for delivery on them – make the Authority well-suited to provide independent advice on the impacts of alcohol on whānau Māori. However, as the Māori Health Authority would need to provide independent advice on alcohol for all New Zealanders, it may be less well placed to provide informed advice as to the impacts on other historically marginalised communities at risk of alcohol-related harm – and the requirement to advocate beyond whānau Māori and Māori communities would be relatively unique in the Authority's operating model.

Alignment of alcohol statutory functions to system objectives

29. This option aligns with system shifts, in particular *reinforcing Te Tiriti o Waitangi principles and obligations*. Māori whānau and communities face disproportionate harm from alcohol, and there are also numerous examples of communities calling for a greater degree of control over their environments and decisions about alcohol availability in their local areas. The connection that the Māori Health Authority will have with whānau and communities, through Iwi Māori Partnerships Boards, through to government and Ministers aligns with an emphasis on achieving rangatiratanga and

mana motuhake. This is reinforced by the proposal to have the Authority accountable to Māori.

30. The role of the Māori Health Authority and its relationship to the Ministry of Health and Health New Zealand align with the functions required to fulfil the statutory alcohol functions. This includes working with the Ministry of Health on strategy and policy relating to hauora Māori, and work with Health New Zealand on operational matters, and in some cases co-commissioning services with Health NZ.

31. Of the national entities in the future system, the Māori Health Authority will be the only one with end to end capabilities in house, from policy and strategy, to commissioning and overseeing operational delivery to evaluation. The functions and capabilities within the Authority therefore most align with the capabilities required within the alcohol function, which also require policy, research, operations and evaluation.

32. In relation to the levy, the commissioning and co-commissioning function proposed for the Authority means that the levy can be used to continue to address the package of initiatives that are required to minimise alcohol-related harm. For example, where the Māori Health Authority does not have the capability to deliver on the functions, it could be commissioned.

Public Health Agency

33. An alternative option is vesting the statutory alcohol functions and the levy in the Public Health Agency (the Agency) and associated structures. This would include:

    a. Placing the independent advice and research function within the Public Health Agency, specifically, giving the Director of Public Health independent advisory power for alcohol

    b. Placing the levy with the Public Health Agency.

34. While the exact functions of the Agency have not yet been determined, Cabinet has agreed that it will be a distinct, branded unit within the Ministry of Health, to lead on all public health and population health policy, strategy, regulatory, intelligence, surveillance and monitoring functions (SWC-21-MIN-0092 refers). The Director of Public Health will provide direct leadership to the national public health service in Health New Zealand. The agency will develop technical specifications for public health programmes, and Health New Zealand, together with the Māori Health Authority, will determine and commission services to deliver on these.

35. The Public Health Agency will already have many of the capabilities needed to successfully manage the policy and advisory functions above, including public health expertise, research and policy capability, and analytics, evaluation and intelligence functions. However, the Public Health Agency will not have a core commissioning function, so will need to grow capability to commission initiatives from the levy. Given that, we imagine that under this model, the Agency would likely contract out commissioning and / or implementation of initiatives to a combination of Health NZ and the Māori Health Authority to avoid needing to develop a substantive commissioning function.

36. The Ministry of Health is likely to continue (either outside of or within) to have some alcohol policy functions, regardless of where the independent alcohol advice function sits in the future system. The Ministry currently works alongside Te Hiringa Hauora and other agencies with respect to alcohol policy, as a health system issue, and consequently already has some in-house capability and institutional knowledge.

Independent advice

37. As advised in June 2021 (DPMC-2020/21-1127) there are two mechanisms which would exist in the future system that provide Ministers with the ability to seek independent advice from the Agency or associated structures:

    a. the Director of Public Health would retain the ability to provide independent advice to Ministers on health risks and responses; and

    b. an independent Public Health Advisory Committee (PHAC), which will be a section 11 committee and act as an independent advisory group for the Minister of Health and Associate Ministers on public health matters.

38. While these roles are sufficient for independence with respect to public health advice for Ministers, they are problematic when it comes to alcohol functions for two reasons:

    a. the provisions for independent alcohol advice outline a broader audience than Ministers – the current Act also names government agencies, industry, non-government bodies, health professionals and communities, among others; and

    b. the Director of Public Health and PHAC do not have remit for independent research, only advice.

39. Neither of these structures are currently proposed to have an advice function other than to Ministers. If the Director of Public Health or PHAC were nominated to provide independence to the alcohol functions, the provisions describing their respective roles in legislation would need to enable provision of independent advice and research to a broader audience than Ministers.

Alignment of alcohol statutory functions to system objectives

40. The Agency will provide public health leadership across the system - and it would be a natural extension for this leadership to also include alcohol-related harm and associated advice. We anticipate that independent advisory functions would be discharged by the Director of Public Health, which would align well to the Director's other statutory advisory functions on other aspects of public health.

41. Under this option, the levy would be paid to the Ministry of Health as the host agency for the Public Health Agency, with funds required to be spent on relevant initiatives in line with the current statutory regime. As noted above, given the lack of commissioning role planned for the Agency, commissioning of specific initiatives funded by the levy would need to be contracted to Health NZ and the Māori Health Authority. While this would add some complexity, we do not consider that it rules out this model.

Specific legislative provisions

42. Either proposed option will require review of the objectives and related clauses of the current Public Health and Disability Act in relation to the Health Promotion Agency. We have considered whether it is a simple transfer of functions between agencies using the same objectives and clause wording, or if there is an opportunity to update or review these to meet the vision or any requirements of the new system.

43. Te Hiringa Hauora has provided advice based on their experience of undertaking the functions (including as the Health Promotion Agency and the Alcohol Advisory Council) on opportunities to strengthen the legislation in line with the intent of the health reforms. This is in included in **Attachment B**.

44. Many of the amendments proposed by Te Hiringa Hauora are relatively minor, and we will take steps to reflect these in the overall scheme of the legislation where possible, or to otherwise reflect their objectives through other mechanisms (e.g. organisational establishment and design).

45. However, two proposed recommendations bear noting:

    a. Te Hiringa Hauora propose removing "industry" as a party to whom advice may be provided without seeking Ministerial approval. This change is intended to avoid public health professionals becoming involved with industries whose products harm public health. This change could be contentious, and we do not consider there to be any real risk that either the Māori Health Authority or Public Health Agency would develop an inappropriate or unacceptable relationship with the alcohol industry as a result of being able to offer advice. We therefore recommend retaining the essence of current provisions as to alcohol advisory functions.

    b. Te Hiringa Hauora proposed to amend clause 59AA, which states the levy may be imposed to recover costs within Te Hiringa Hauora. Te Hiringa Hauora have proposed to change the language, which will potentially broaden the application of how the levy is used. The proposed wording changes may have implications as to whether it could be classified as a levy. Officials will discuss this with you.

Next Steps

46. Your decision regarding the placement of the alcohol functions and levy will be reflected in the Health Reform Bill. Final drafting instructions for the Bill need to be sent to Parliamentary Counsel Office prior to 10 September 2021.

47. The decision will also impact the transition plan for Te Hiringa Hauora functions, and establishment work programme for the entity that will ultimately hold the alcohol functions and levy, most notably their organisational design, operating model development, and capability planning.

48. Following your decisions, officials will continue with design work to suggest how the levy could be used in future and ongoing design work around how the alcohol function is represented in the public health operating model.

Financial Implications

49. The levy is approximately $11.5M per annum, which is collected by New Zealand Customs from alcohol produced in and imported into New Zealand.

50. In the scheme of Vote Health, the levy is relatively small, but has been used to fund full time equivalents (FTEs) to conduct research and develop independent advice, and for a range of initiatives to address alcohol-related harm. The levy is predominantly to recover costs associated with the functions listed, but as noted in the proposed changes to clause 59AA of the Public Health and Disability Act 2000 (outlined in Attachment B), the wording could be changed in the legislation to reflect a broader use for the levy in future to directly fund more services or initiatives for people.

Consultation

51. Te Hiringa Hauora has been consulted on the advice provided in this paper. New Zealand Customs will be consulted. The Ministry of Health was provided information for comment, and will be closely involved in the next steps and further advice.

52. The preference of Te Hiringa Hauora is that the statutory functions and the levy be retained with the bulk of their other functions in Health New Zealand. Their second preference is that functions and the levy be placed in the Māori Health Authority. If the statutory functions are placed in the Public Health Agency and its associated structures, their preference is that the levy be separated and placed in Health New Zealand.

Attachments:	
Attachment A:	Brief history on the alcohol levy
Attachment B:	Legislation changes proposed by Te Hiringa Hauora

ATTACHMENT A

Brief history of the statutory alcohol function and the levy

1. The 1974 Royal Commission into the sale of liquor concluded that New Zealand had a large alcohol abuse problem and recommended a new peak body to address it. Consequently the Alcoholic Liquor Advisory Council [from 2000 known as the Alcohol Advisory Council of New Zealand - Kaunihera Whakatupato Waipiro o Aotearoa] (ALAC) was established under the Alcohol Advisory Council Act 1976 (the ALAC Act) as a stand-alone entity under its own legislation in 1976 funded by a levy on alcohol.

2. ALAC began operation in 1977 and set out to implement its statutory role of promoting moderation and also worked to establish alcohol treatment services and workforce training. ALAC's primary objective was to "promote moderation in the use of liquor, to discourage and reduce its misuse, and to minimise the personal, social and economic evils resulting from the misuse of liquor". Specific functions were clustered around research, education, and rehabilitation. ALAC was also empowered to make recommendations to Government and other agencies on alcohol issues such as advertising and the law on alcohol.

3. A Ministerial review in 1991 resulted in the entire Council being replaced and a new ultra vires primary goal and operating instructions being promulgated. ALAC was to liaise with the industry, replace maintenance funding for alcohol treatment with a 'seed funding' approach, and a less strident public health focus.

4. An amendment to the ALAC Act in 2000 changed ALAC's mandate to: remove restrictions on alcohol-related safety issues such as road safety and industrial safety; confirm the seed funding approach to treatment services; and emphasise harm minimisation in its primary objective. However, the Ministerial directive to liaise with the alcohol industry was not ratified, the levy funding mechanism was maintained and the mandate was not widened to other drugs.

5. In 2012 the functions of ALAC and the Health Sponsorship Council (HSC), along with some functions of the Ministry of Health, were transferred to a new Crown entity: the Health Promotion Agency (HPA). ALAC and HSC were consequently disestablished.

6. HPA, now known as Te Hiringa Hauora, was established under the New Zealand Public Health and Disability Act 2000. The statutory functions relating alcohol advice and research and the levy were transferred to HPA. The ALAC levy was renamed the Health Promotion Agency levy.

7. The establishment of HPA coincided with the development of the Alcohol Reform Bill and the Subsequent Sale and Supply of Alcohol Act 2012. HPA was a member of the government Joint Advisory Group that led the development of the Bill and its implementation.

ATTACHMENT B

Legislation changes proposed by Te Hiringa Hauora

Current clauses in the Public Health and Disability Act 2000	Changes proposed by Te Hiringa Hauora
58 Functions, duties, and powers of HPA (1) HPA must lead and support activities for the following purposes: (a) promoting health and wellbeing and encouraging healthy lifestyles: (b) preventing disease, illness, and injury: (c) enabling environments that support health and wellbeing and healthy lifestyles: (d) reducing personal, social, and economic harm.	Reflect a life course approach and Te Tiriti o Waitangi principles acknowledgement in the HPA functions section (58[1]). Amend section 58(1)(d) of the Act to read: "reducing personal, social and economic harm with a particular emphasis on eliminating inequities".
(2) HPA has the following alcohol-specific functions: (a) giving advice and making recommendations to government, government agencies, industry, non-government bodies, communities, health professionals, and others on the sale, supply, consumption, misuse, and harm of alcohol so far as those matters relate to HPA's general functions: (b) undertaking or working with others to research the use of alcohol in New Zealand, public attitudes towards alcohol, and problems associated with, or consequent on, the misuse of alcohol.	Remove the term "industry" from section 58(2)(a) of the Act.
58 (3) Section 103(1) of the Crown Entities Act 2004 does not apply to HPA's functions under subsection (2), but HPA must have regard to any government policy that relates to those functions if so directed by the Minister.	Retain

59 Provisions relating to grants, sponsorship, and other matters	Retain
59AA Levies for alcohol-related purposes (1) Levies may be imposed for the purpose of enabling HPA to recover costs it incurs (a) in addressing alcohol-related harm; and (b) in its other alcohol-related activities.	i. the levy for alcohol-related purposes should be retained. ii. the required levy should be reviewed in line with government investment and planning cycles. iii. the levy should account for the required investment across the government sector to reduce the personal, social and economic harm of alcohol