



MASSEY UNIVERSITY
UNIVERSITY OF NEW ZEALAND

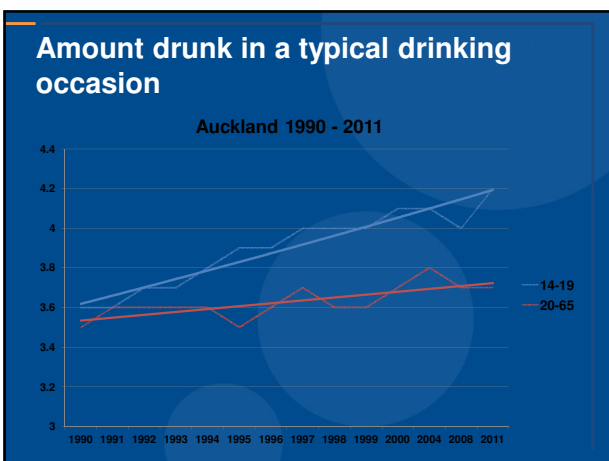
from harm to harmony

 Presentation to Alcohol Healthwatch
 Symposium, 13.11.12
 Sally Casswell


- The harm - who hurts and how
- Reflections on New Zealand harm and policy
 - Reflections on the international harm and policy
 - Who gains and how

- NZ Child and Youth Mortality Review Committee, 2011**
- Alcohol was involved in one in four of the deaths of New Zealanders under 25 years who died in 2005 – 2007
 - Included motor vehicle crashes, falls, assaults, poisonings, drowning



- Changes in females and males drinking eight or more drinks on a typical occasion: 1995-2004-2011
- males
 - 14-15 year olds – 11% to 23%
 - 16-17 year olds – 19% to 34% to 25%
 - 18-19 year olds – 30% to 40% to 29%
 - females
 - 14-15 year olds – 6% to 12%
 - 16-17 year olds – 9% to 12% to 28%
 - 18-19 year olds – 4% to 9% to 16%
 - National Alcohol Surveys, HRC, ALAC, MoH funded

Alcohol consumption related to disadvantage (qualifications, occupation, income)



- Lower SES groups consume greater quantities on a typical drinking occasion (higher more frequent drinkers)
- Higher levels of harm in lower SES reflect these higher levels of consumption

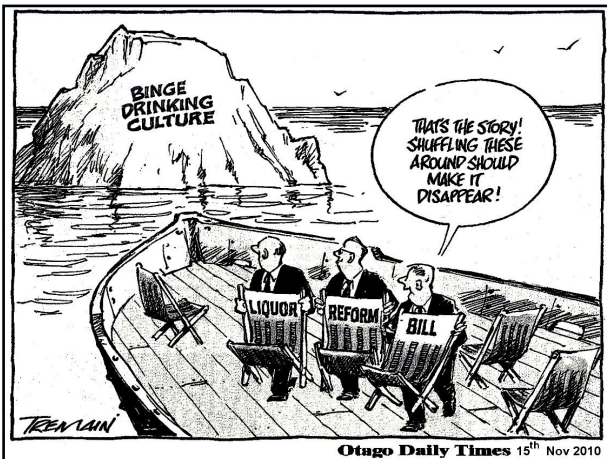
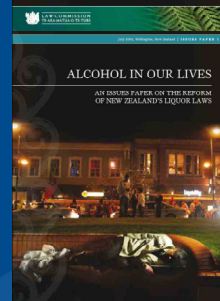
Huckle et al, Addiction, 2010



So why has this happened?

- Increases in availability and marketing don't 'just happen'
- Global changes
- TNCs, consolidation, resources, marketing and PR/stakeholder marketing
- Major goal to be partner in alcohol policy development
 - Fox guarding chicken coop

Effects in New Zealand?

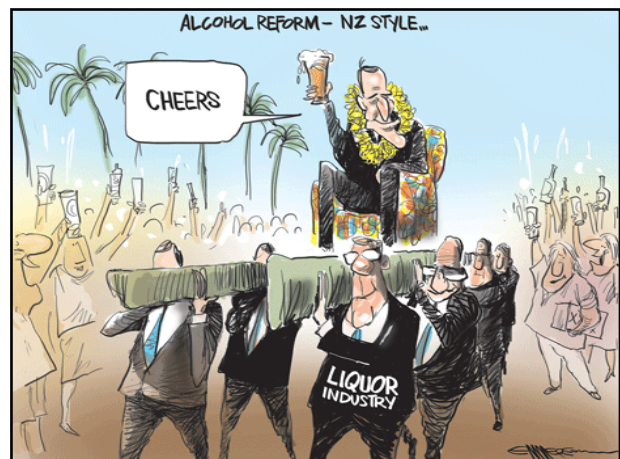


Regulatory Impact Statements from MoJ – govt identified four considerations to guide the reform

- Reduction in harmful drinking by heavy drinkers
- Costs to government sectors
 - doubled by including costs to friends, family, community
- Impact on moderate drinkers
 - 'most NZers enjoy alcohol and do not and never will have a problem with it' Hon Peter Dunne
- Effect on business and economy
 - nearly 400,000 work days lost per annum

Regulatory Impact Statement SOP, October 2012

- Proposal to regulate availability of RTDs by potency
- Allowable to prohibit from off licenses under trade agreements
- Consultation with producers
- Self regulation – expecting details in 'a few weeks'



NZ in international perspective

- High income country with focus on trade and economy
 - Currently relatively invisible in UN (WHO) debates
 - ‘Apparently NZ and the US are the two most vocal countries in the WTO complaining about Thailand’s alcohol warnings’ (2012)

Emerging markets

- Large young populations, growing economies
- Per capita alcohol increasing, especially among young
- Lack of policy
- Support for international moves but lack of voice
- Thailand a major exception

International moves

- Regional WHO strategy ‘Reduce Alcohol Related Harm’, 2006
- Global WHO strategy ‘Reduce Harmful Use of Alcohol’, 2011
- UN High Level Meeting on NCDs, 2011
 - Strong presence by alcohol producers and front organisations
 - Conflict of Interest Coalition
- Setting of NCD targets by WHO, Nov, 2012
 - Most controversial target: failed attempt to keep focus on APC (alcohol per capita)

NCD targets, Geneva, Nov 2012

1. Premature mortality from NCDs 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
2. Harmful use of alcohol At least 10 per cent relative reduction in the harmful use of alcohol, as appropriate, within the national context (FOOTNOTE A: Countries will select indicator(s) of harmful use as appropriate to national context, and in line with the WHO Global Strategy to Reduce the Harmful Use of Alcohol and that may include heavy episodic drinking, total alcohol per capita consumption, and alcohol-related morbidity and mortality among others) (FOOTNOTE B: i.e. full definition of harmful use of alcohol taken from the Global Strategy)
3. Physical inactivity 10% relative reduction in prevalence of insufficient physical activity
4. Raised blood pressure 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure according to national circumstances
5. Salt/sodium intake 30% relative reduction in mean population intake of salt/sodium intake (FOOTNOTE: WHO recommendation is less than 5 grams of salt or 2 grams of sodium per person per day)
6. Tobacco use 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
7. Raised blood glucose/diabetes Limit the rise in diabetes and obesity At least 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes
8. Drug therapy to prevent heart attacks and strokes
9. Essential NCD medicines and basic technologies to treat major NCDs 80% availability of affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

On-going industry activity to parallel U.N. activities – one recent example

- **International Center for Alcohol Policies (ICAP)** hosted an international conference **Global Actions: Initiatives to Reduce Harmful Drinking** in Washington D.C, October, 2012.
 - ‘Initiatives Report 2012’: drinks industry’s actions in support of the WHO ‘Global Strategy to Reduce the Harmful Use of Alcohol’.
 - CEOs announcing ‘far-reaching commitments to further action in 2013 and beyond’.

Who gains and how?

- Producer transnational corporations
 - Large profits and influence, little or no government regulation over products and marketing
- Front organisations, marketers, media, ‘sponsorships’
- Emerging discipline of ‘corporatology’
- What can we learn from tobacco?