

Alcohol Law Reform Update

On the 25th August 2011 the Justice and Electoral Select Committee reported their findings on the Alcohol Reform Bill to Parliament. In all they recommended 130 changes to the Bill including:

- A requirement for the alcohol industry to provide the Government, free of charge, price and sales data to inform the Government's consideration of a minimum alcohol price
- A clause that requires supermarkets and grocery stores to display alcohol in only one area of the store. This area cannot be prominent and alcohol advertising and promotion would also be restricted to this designated area
- Strengthening the clause that relates to the irresponsible promotion of alcohol, ensuring that the offence of advertising or promoting discounts of 25 percent or more below the ordinary price would apply to all types of licensed premises.

The Labour and Green Parties both tabled minority reports alongside the Committee's report. These reports expressed that the changes did not go far enough, particularly by failing to address advertising, sponsorship and price issues.

At the same time the Committee's report was tabled the Government announced that they intended to establish an "expert forum" to look in to further restrictions on advertising and sponsorship.

Minister of Justice Simon Power also said that an additional \$10 million a year would be

committed to alcohol and other drug treatment services.

A number of groups expressed disappointment that the committee had not responded to the evidence or community support for more effective measures to be included in the Bill. Alcohol Healthwatch Director Rebecca Williams said that "sand has been kicked in the faces of all those from the community who have participated in the arduous process of alcohol law reform."

The Bill has since passed its second reading in Parliament but it will not progress to the Committee Stage in the House before the election. It will now be up to the new Government, and new Minister of Justice, to pick up next term.

This delay it means that we will not see any new laws in place until 2013, and it is unsure what effect the new government and Minister of Justice will have on the Bill's passage. Look out for a more detailed breakdown of the revised Alcohol Reform Bill in the next issue of this newsletter.

Along with the Labour and Green Parties signalling their intent to amend the Bill during Committee Stage, some individual MPs have already signalled their intent to try to amend the Bill. For example National MP for Hamilton West Tim Macindoe has put forward an amendment to return the minimum purchase age to 20 years for all purchases.

Alcohol, Sex and Students

Research published in October 2010 in the *Australian and New Zealand Journal of Public Health* concludes that unsafe and unwanted sexual experiences attributed to drinking are common among university students. These experiences were associated with heavier

drinking, previous high school binge-drinking and the early onset of drinking.

Professor Jennie Connor of the Department of Preventative and Social Medicine, University of Otago and colleagues found that unwanted sexual advances due to someone else's drinking affected 21% of female and 12% of male students surveyed.

They found nearly 40% of the students surveyed reported at least one episode of heavy drinking in the past week. Nearly 70% were drinking at hazardous levels.

The research helps us better understand the harms associated with drinking and how alcohol is negatively impacting on young people's lives both in the short and long term including emotional distress, sexually transmitted infections and unplanned pregnancies.

The research also provides a clear steer for social policy and law makers seeking to change the environment in which drinking occurs to prevent early onset drinking and heavier drinking by young people.

Alcohol marketing, minimum purchase age, price, number of outlets and the hours they operate are all factors of the environment that promotes both early drinking and heavier drinking. The Government's response to the recommendations from the Law Commission's review does not go far enough to address these problems.

VIEW POINT by **Rebecca Williams** **Director, Alcohol Healthwatch**

An often expressed concern is that effective measures to address the alcohol-related harms are being rejected because of their likely impact on the alcohol industry.

It has to be said that regular drinking by most and heavy drinking by many contributes significantly to alcohol industry profits.

The role of vested interest groups in the forming of public policy is a vexed issue. Just how this is playing out in the context of alcohol law reform is interesting indeed.

Alcohol Healthwatch has observed some of the liquor industry interests making good use of the democratic process to not only protect their interests i.e. profits, but also to actively promote even greater access to markets. For example, they have been calling for space on supermarket shelves for spirits and spirit-based beverages – in the name of the proverbial “level-playing field”.

They have also argued against powers to limit the alcohol content of RTDs, or to limit the serving size of these products.

In the Feb/March edition of industry magazine *Drinksbiz* Thomas Chin, CEO of the Distilled Spirits Association of New Zealand, called such moves “misguided”. He goes on to say “The Association will continue to mount a strong campaign against this discriminatory action”.

All rather bold in the context of the recent Law Commission review, which concluded we have a serious problem with alcohol and provided ample evidence to support this.

It was also clear that not all industry groups are singing from the same songbook, some sectors even blaming others for the problems. The role of supermarkets in the retail liquor market, and the effect they have had on the price and marketing of alcohol was a commonly raised issue. Many acknowledged that it is cheaper to buy alcohol at the supermarket than to go through traditional suppliers/wholesalers.

In general however, the usual self-serving arguments from industry-related groups prevailed – yes we do have a problem but it's really not that bad, just a few delinquents who can be brought into line with education or be thrown into jail for being drunk in public.

In addition to the industry's engagement in the public process of the law reform they continue their active behind-the-scenes lobbying of our elected members.

We have also witnessed thinly veiled threats to the Government should they dare tread on the sacred ground of alcohol excise tax increases. DB Breweries used their "How to Lose an Election" advertising campaign, based on the 1958 "Black Budget" of Finance Minister of the time Arnold Nordmeyer, to do this.

Then of course there's the usual framing of those of us promoting evidence-based strategies as anti-alcohol, prohibitionist, or wowsers.

Here's Thomas Chin again in *Drinksbiz*, "Change will be partly driven by politics; the kind in which the Government has to be seen to appease a vocal but minority anti-alcohol voice."

Again, a fascinating view given that the vast majority of the thousands of submitters to the Law Commission and Select Committee favoured adopting the very strategies the liquor industry rails against.

Advertising reviews a sham

Alcohol Healthwatch says reviews of the Code for Advertising Liquor are a sham. Director Rebecca Williams says that these reviews make it look like something is being done, yet in reality they serve to delay action to address the impact of exposure to alcohol marketing.

She says that instead of making a submission on the latest review undertaken earlier this year, Alcohol Healthwatch wrote a letter to the Advertising Standards Authority (ASA) making its position clear.

The following is a summary of the letter:

We do not support the continuation of the current system for managing alcohol advertising and

promotion. By engaging in the review process we are, by default supporting it.

International evidence concludes that there is no evidence to support the effectiveness of industry self-regulation, either as a means of limiting advertisements deemed as unacceptable or as a way of limiting alcohol consumption. Terms such as "inherently unstable", "fragile" and "largely ineffective" are used to describe self-regulatory practices in relation to reducing alcohol-related harm. (Alcohol No Ordinary Commodity Research and Public Policy; Babor T et al., 2003 and 2010. Oxford University Press.)

There is however, substantial and growing evidence that exposure to alcohol advertising, including sponsorship, speeds up the onset of drinking among young people, and increases the amount consumed by those already drinking. More generally it promotes positive attitudes to drinking, and increases the likelihood of heavier drinking. We therefore believe that alcohol advertising is serving to further normalise drinking and sustain harmful patterns of drinking in New Zealand. If we are to achieve a change in New Zealand's drinking culture, restrictions on alcohol advertising must be part of the mix of strategies used.

We support a total ban on alcohol advertising, sponsorship and promotion of all products, in all media in New Zealand, and we support a progressive approach to achieving this, such as that recently recommended by the Law Commission in their final report Alcohol in Our Lives – Curbing the Harm.

Fiddling around with the terms and conditions of fundamentally ineffective voluntary codes is a diversion from doing what might actually achieve a reduction in alcohol-related harm.

As yet we have received no response from the ASA, nor have we seen any results from the review reported.

Big Plans for Big City



Professor Sally Casswell from SHORE/Whariki, Councillor George Wood and Michael Sinclair from Auckland Council and Rebecca Williams Alcohol Healthwatch at the Auckland Planning Forum

A number of planning initiatives for reducing alcohol-related harm are underway in the new look Auckland.

On June 2nd Alcohol Healthwatch, in conjunction with the Auckland Council and other regional agencies, facilitated an alcohol planning forum for the Auckland region. The forum was attended by approximately 100 people representing a range of sectors including liquor licensing and enforcement, community safety, health promotion, social services, planning and policy, research and treatment. Members from a number of local boards were also in attendance. Councillor George Wood opened the forum. He was followed by Michael Sinclair, Principal Policy Analyst, Auckland Council, who explained the structure of the new Council and their proposed Alcohol Framework and Programme.

The afternoon involved workshop sessions in which the various sector groups were facilitated through a number of questions, scenarios, brainstorming exercises and strategic planning to inform the Auckland Council's alcohol planning. A report detailing the key themes from each workshop and

possible ways forward for the alcohol sector is available on our website (www.ahw.org.nz).



Workshop group hard at work at the Auckland Planning Forum

Worrying consumption trend

A trend towards the consumption of higher strength alcohol beverages in New Zealand is a cause of concern.

Overall per capita consumption continues on an upward trend. However it is the 20% increase in availability of higher strength spirits and other higher strength alcohol products that is particularly worrying.

The latest data measuring the amount of alcohol available for consumption, published by Statistics New Zealand, shows a 0.6% increase in availability of alcohol, and a 5.5% increase in pure alcohol available in 2010. This is largely accounted for by a 7.7% increase in the availability of wine and a 20% increase in availability of spirits with alcohol content over 23%.

Although the availability of beer overall has declined, the higher strength beers saw increases of up to 26%.

Spirit-based drinks or ready-to-drink beverages (RTDs) have been a key driver of consumption increases in recent times. This has brought its own problems due to the popularity of these drinks among younger drinkers, in particular young women.

It appears that these products have served as a pathway to the increased consumption of spirits, and increased exposure of younger people to spirit brands.

Given the speed in which these higher strength beverages can lead to intoxication, a serious look at who is drinking them and the impact of this is warranted. If in fact the increase in availability of these beverages is due to increased consumption by young people we have a serious problem emerging.

Research Update

Alcohol was a feature in a recent edition of the New Zealand Medical Journal. Below is a brief summary of the studies:

How do intoxicated patients impact staff in the emergency department? An exploratory study

This study looked to investigate staff perceptions of the burden of alcohol-related presentations on emergency departments (ED) in New Zealand, and the impact on staff of alcohol-related ED presentations.

Not surprisingly authors Fiona Imlach Gunasekara et al. found that emergency department staff, especially nurses, were negatively impacted by alcohol-affected patients. This impact affected emergency department workload and safety, and may compromise the treatment of all patients.

Controlled intoxication: the self-monitoring of excessive alcohol use within a New Zealand tertiary student sample

This study, a component of a doctoral research project aimed at exploring students' drinking behaviour and attitudes, focuses on how heavy-drinking students monitored and managed their experiences of alcohol intoxication.

Results show that 60% of the student drinkers surveyed knew they were going to get drunk before drinking. One half of male drinkers and

one third of female drinkers reported they were intoxicated on a weekly basis.

Drinking students monitored their level of intoxication for reasons of personal safety and control, to minimise harms and to ensure they could gain entry into on-licensed premises.

Researchers Brett McEwan et al., reveal that some students had high tolerance towards many alcohol-related harms. These were seen as expected and acceptable consequences of their drinking behaviour.

Alcohol's harm to others: self-reports from a representative sample of New Zealanders

This research explored the harms experienced by others as a result of someone else's drinking.

Casswell and colleagues found that one in four of the respondents experienced at least one adverse impact during the previous 12 months of the survey due to the drinking of someone they knew. The study also found considerable negative impact on children due to someone else's drinking. Seventeen (17%) of respondents with children reported that their children experienced harm because of the drinking of someone else. Seventy one (71%) of the respondents indicated that they had experienced 'at least one harm' due to the drinking of a stranger or people whom they did not know very well. The range of harm experienced by the respondents was diverse and included physical violence, emotional hurt, socio-economical, psychological, neglect and lower work productivity. The researchers urge that such harm to others be considered when forming alcohol policies.

The benefits and harms of alcohol use in New Zealand: What politicians might consider

In this article authors Nick Wilson et al., summarise the benefits and harms of alcohol use in New Zealand.

Their findings suggest that New Zealand society would be likely to achieve a large net

benefit from reducing heavy and binge drinking, and shifting alcohol consumption towards a pattern of smaller amounts.

They also highlight the substantial harm to non-drinkers as a key argument for democratic governments to use regulations and taxes to minimise harm from alcohol.

*New Zealand Medical Journal 10 June 2011, Vol 124 No 1336; ISSN 1175 8716
<http://www.nzma.org.nz/journal/124>*

Alcohol Healthwatch update

Earlier this year we said a fond farewell to several team members.

Health Promotion Advisor Roanne Govender, who had worked with us for 5 years, left to take up a position at the Health and Disability Commission. We'd like to acknowledge Roanne's contribution to our work over those years in a number of roles, in particular in the area of promoting a reduced blood alcohol level for driving and co-ordinating the Point Zero Five Group.

Julia Rogan was working with us on a fixed-term contract to co-ordinate our communications and events during the alcohol law reform process. Julia is now working for Professional Public Relations (PPR) in Sydney, Australia.

Sopo Su'a-Elia, the co-ordinator of the Mangere Community Action Project has moved to Samoa to manage a family business. She had made much progress towards the projects objectives.

Our thanks and best wishes go to all!!

We have since welcomed two new staff to the team:

Amy Robinson – Health Promotion Advisor

Amy has Bachelor degrees in Physical Education, Business Studies and a Post Graduate Diploma in Public Health. She joins us from the South Island where she had

worked in health promotion roles in both Christchurch and West Coast.

The main focus of Amy's work is improved policy and planning for the sale, supply and marketing of alcohol.

G. Raj Singh (Raj) – Health Promotion Advisor

Raj is a Doctor of Medicine and has a Post Graduate Diploma in Public Health. He joins us from the Problem Gambling Foundation where he was a Health Promotion Advisor.

Raj is working towards reducing alcohol-related injury, violence and crime.

Coming Events

Global Alcohol Policy Conference 2011

28th – 30th November 2011

*Impact Convention Centre, Nonthaburi, Thailand
www.GAPC2011.com*

National Indigenous Drug and Alcohol Committee (NIDAC) Conference: Beyond 2012: Leading the Way to Action

6th – 8th June 2012

*Esplanade Hotel, Freemantle, Western Australia
www.nidaconference.com.au*



Produced by:

Alcohol Healthwatch Trust
P O Box 99 407
Newmarket
Auckland
Ph: (09) 520 7036
Fax: (09) 520 7175

Disclaimer: The views in this newsletter do not necessarily reflect those of Alcohol Healthwatch Trust

This newsletter is funded by the Ministry of Health