# News & Views

Issue 1 – April 2013

Alcohol Healthwatch

#### Greetings readers,

Please find a copy of **"The last chance for a generation – Alcohol law reform in New Zealand 2012"** enclosed with this newsletter.

The booklet has been produced by Alcohol Healthwatch and the New Zealand Drug Foundation. We thought it was important to capture this very critical time and process in our history. We've done this through sharing the perspectives of key people involved in the process of law reform.

Enjoy!

### The Sale and Supply of Alcohol Act 2012

It took a long time coming but the new alcohol legislation passed into law on 18 December 2012.

The emphasis now is on implementation and a significant amount of work is underway to ensure the various workforces and agencies are ready to implement the provisions that come into force in June 2013 and December 2013.

The key changes from the previous legislation include:

- The object of the Act focuses on safe and responsible sale, supply and consumption; and minimising the harm caused by excessive or inappropriate consumption.
- Dairies, convenience stores and others premise types are expressly prohibited from being issued a licence to sell alcohol; and supermarkets/grocery stores from selling spirits/spirit-based beverages.

- Default national maximum trading hours come into effect in December 2013.
- Allows Territorial Authorities to develop a local alcohol policy (LAP).
- Prescribes the process through which a LAP must be developed, who must be consulted and the right and process for appeal is specified; it also prescribes what can be included in the LAP. This is limited to licensing matters, such as the location/density of licenced premises, whether or not further licences can be issued, maximum trading hours, licence types and discretionary conditions and one-way door restrictions.
- Allows for the impact of a proposed licence on the amenity and good order of the locality to be considered in the application process.
- Allows "one-way door" restrictions to be imposed as a condition of licence.
- Restricts the display and promotion of alcohol in supermarket and grocery stores to a single area. (However, it also allows for up to 3 'sub areas' to be identified.)
- Provides for the establishment of the Alcohol Regulatory and Licensing Authority (which replaces the Liquor Licensing Authority); and the establishment of District Licensing Committees (which replace District Licensing Agencies). These provisions allow for a greater level of decisionmaking at the local level.

- Prohibits the irresponsible promotion of alcohol, which includes the promotion/advertising of discounts of 25% or more of the normal retail price.
- Provides for alcohol products to be banned or restricted.
- Prohibits anyone from supplying alcohol to minors, unless they are the parent/guardian; or have the express consent of the parent or guardian. Requires all those supplying to minors to do so in a responsible manner.
- Allows for risk-based licensing fees and cost recovery.

To see the full text of the legislation go to <u>http://www.legislation.govt.nz/act/public/2012</u>/0120/latest/DLM3339333.html

## Local Alcohol Policy work revs up

A number of Local Councils across New Zealand have started to develop their Local Alcohol Policy.

At this stage the process involves preparatory work such as collating evidence, undertaking community surveys and engagement with key stakeholders.

Formal consultation on a draft policy can only occur after 19 December 2013.

Auckland, public health providers, In including Alcohol Healthwatch, have recently provided preliminary advice to Auckland Council on their Local Alcohol Policy. This following advice was drawn together discussions amongst ourselves and with a number of researchers who have been working in relevant areas. A key aspect of these discussions has been how best to translate the available evidence into an effective policy.

Alcohol Healthwatch is aware that members of the alcohol industry have been engaging in Council stakeholder/reference groups by invitation, and/or otherwise attempting to influence Local Councils.

We warn community members of the obvious conflict of interest this poses, and encourage anyone with concerns about this to be vigilant about the LAP development process.

For more information on this please contact Alcohol Healthwatch on (09) 520 7036.

### New Zealand FASD experts did us proud in Canada!

New Zealand was well represented at the 5<sup>th</sup> Bi-annual International Fetal Alcohol Spectrum Disorder (FASD) conference in Vancouver Canada this year, with 10 New Zealanders attending.

While there to learn, most were also there to share. The conference was preceded by a 1 day symposium on FASD and legal issues, at which neuropsychologist and FASD expert Dr Valerie McGinn from Auckland presented. Six Kiwis shared their experience of slotting diagnosis into NZ paediatric services during a 90 minute conference workshop. The presentation included the perspective of a family who received a diagnosis and the PhD candidate Kerryn Bagley who is evaluating health services responses.

Clinical psychologist from Hawkes Bay, Andi Crawford, presented on how their service has developed after undertaking FASD diagnostic training with Alcohol Healthwatch. The service now includes a comprehensive referral and assessment pathway for FASD. Ms Crawford described changes that have lead to 50% of referrals now being for FASD, and the comprehensive nature of the cases they are seeing.

Dr McGinn, a specialist who assesses very high needs individuals, together with Auckland Paediatrician Dr Zoe McLaren, presented a 90 minute workshop on the sexual exploitation of young people with FASD. They addressed the tough issue of how to best protect them from harm while still enabling as much independence as possible.

Dr Raimond Jacquemard, a Paediatrician from Taranaki, was asked to participate as a panelist in "One world, one condition, one diagnosis" where medical specialists discussed readiness to reach international diagnostic consensus. The verdict was cautiously positive.

Christine Rogan, Health Promotion Advisor from Alcohol Healthwatch, presented on some of the other NZ projects including the Pregnancy and Alcohol Cessation Toolkit: an online guide for health professionals. She also participated as a panelist in a "Science in the Media" workshop where managing controversial headlines was discussed. During the last plenary session, Christine discussed the current status of FASD action in Aotearoa. A round of applause went up when it was announced that New Zealand is 'walking the talk' having successfully trained 7 teams in FASD assessments in the past 3 years.

Last but by no means least, representatives from the World Health Organisation (WHO) presented on their plans to support FASD prevalence studies. These will use the active case ascertainments of 7-9 year olds, which have proved to be the most accurate way to estimate prevalence, applying the Canadian FASD Diagnostic Guidelines (Chudley et al 2005) which the NZ teams are already using. The WHO recognises the importance of this research for policy decisions and appeared willing to accept other countries into the programme. However, OECD countries need to find their own funding. Previous attempts to ascertain FASD prevalence in NZ have failed to eventuate. Despite that, NZ has a motivated and committed group of clinical experts working toward FASD prevention and improved outcomes for the affected population.



*Kiwi delegates meet with Professor of Paediatrics Dr Ab Chudley (centre).* 

Conference presentations can be viewed online <a href="http://www.interprofessional.ubc.ca/FASd/">http://www.interprofessional.ubc.ca/FASd/</a>

### Alcohol Action New Zealand Conference

The 4<sup>th</sup> annual Alcohol Action NZ Conference, *The Perils of Alcohol Marketing*, was held on 7 March 2013 at Te Papa, Wellington.

The successful conference included stimulating and challenging presentations by a number of New Zealand experts including Professors Sally Casswell, Jennie Connor, Janet Hoek, Associate Professor Antonia Lyons and Dr Kerry O'Brien from Australia.

Conference delegates heard about examples of 'evil' alcohol marketing. They also heard from those who have been involved in the fight against liquor advertising including GALA (Group Against Liquor Advertising), Alcohol Healthwatch and Alcohol Action NZ, who shared the lessons learnt from their experiences and where best to focus efforts now.

Representatives from Labour, Green and the Māori Parties fronted for the political panel later in the day. Māori Party Senior Advisor, Chris McKenzie had some inspiring words about their commitment to addressing alcohol advertising. The Hon. Annette King promised that the Labour Party will announce their alcohol policy before the next election. All three parties represented recognised the need to restrict alcohol marketing.

A number of strong themes emerged from the conference including; that alcohol advertising remains a significant concern given that the Law Commission's recommendations to ban all but objective product advertising was not adopted by the Government; that the selfregulatory system for alcohol advertising is a failure; that social networking has become a significant component of alcohol advertising, and is a very cost effective tool for the alcohol industry; that public health and community effort needs to focus on achieving the implementation of the Law Commission's recommendations and not on further tweaking of the current self-regulatory regime.

The keynote addresses were filmed and will be available to view soon @ <u>www.ahw.org.nz</u> or <u>www.alcoholaction.org.nz</u>

Next year's Alcohol Action NZ Conference will be held on 20<sup>th</sup> March, 2014 at Te Papa in Wellington.

#### **Global Warning**

Alcohol Healthwatch has joined over 500 other organisations across the globe who have signed a joint Statement of Concern about the activities of global alcohol producers.

The statement was drafted by a group of international experts under the auspices of the Global Alcohol Policy Alliance, and was sent to World Health Organisation (WHO) Director General Dr Margaret Chan on Friday 5<sup>th</sup> April 2013. It was developed in response to public announcements made in October last year by 13 of the world's leading alcohol producers outlining their commitments to implementing the WHO Global Alcohol Strategy.

Alcohol Healthwatch Director Rebecca Williams says that alcohol remains the third leading cause of death and disability worldwide and requires nations to implement effective measures to address this. The alcohol industry is active in undermining these measures and promoting ineffective strategies. By way of example the Scotch Whiskey Association has made a legal challenge to the Scottish Government's plans to introduce minimum unit pricing of alcohol.

Williams says, due to their obvious conflict of interest, alcohol industry groups must be stopped from participating in alcohol policy development. She says they present a block in the road of effective alcohol harm reduction by ensuring that policy development is delayed, diluted or stopped altogether as a result of the threat of legal challenges.

#### **Coming Events**

Auckland Regional Forum - Making the most of the new alcohol legislation. Thursday 23 May 2013 Fickling Centre, Mt Roskill Auckland For details see <u>www.ahw.org.nz</u>

Australian Fetal Alcohol Spectrum Disorders Conference 19-20 November 2013

Royal Brisbane and Women's Hospital Brisbane, Queensland AUSTRALIA For details see <u>www.phaa.net.au</u>

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

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