Alcohol Healthwatch
Whakatūpato Waipiro

News & Views

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FASD – A Call to Action

Alcohol Healthwatch and the Centre for Addiction Research at the University of Auckland teamed up to host a series of events to share information and promote action on Fetal Alcohol Spectrum Disorder (FASD).

A symposium - ***FASD in New Zealand: A Time to Act*** was held on 5 September. This was attended by over 120 delegates from a wide range of disciplines and families living with FASD.

Dr Jocelyn Cook, the Director of Canada's key research and policy partnership network, www.canfasd.ca was the international keynote speaker. She joined a strong line up of local experts to share knowledge and experiences addressing FASD.

Dr Jocelyn Cook speaking at the FASD Symposium - School of Population Health, University of Auckland

A Policy and Research Roundtable followed on the 9th September, marking International FASD Awareness Day.

Delegates attending the two events agreed on a *Call to Action Consensus Statement*. The Statement identifies FASD prevention and intervention priorities requiring integrated government and sector engagement.

Symposium presentations and the Call to Action are available to view on the FANNZ website www.fan.org.nz

Population Health Congress

The first New Zealand Population Health Congress was held in Auckland from 6-8th October, 2014, with the theme 'Connecting Communities, Policy and Science'.

The congress was organised by the Public Health Association, the New Zealand College of Public Health Medicine and the Health Promotion Forum.

It was attended by a range of national and international experts, including academics, researchers, decision-makers, health promoters, grass roots community and frontline health workers.

A comprehensive programme was covered over the three days, with topics including climate change, child health, inequalities, obesity and nutrition, housing, alcohol and other drugs, tobacco, synthetic cannabis and gambling. These were presented in a range of formats.

Professor Kypros Kypri led a panel of experts to present a master class on alcohol as part of the Congress programme. There were a number of other presentations on alcohol issues.

A declaration on behalf of the population health workforce that included commitment to action for population health in New Zealand and Pacific Nations was adopted.

The declaration and other information is available at the Congress website www.pophealthcongress.org.nz/nzphc14

Smooth Sailing

The Royal New Zealand Navy has recently adopted new measures to address their internal alcohol culture.

The new measures include:

- making the ships dry while they are underway or at anchor,
- no consumption of alcohol during work hours, unless expressly approved by the Deputy Chief of Navy (includes off base as well as on),
- increasing the price of alcohol in ships' messes,
- greater enforcement of bar rules and host responsibility,
- abolishing the awarding of alcohol-related gifts at prize-givings,
- removing alcohol advertising from Naval Base,
- increasing education and awareness programmes.

They have also said that an officer is likely to be discharged from the Navy if they are convicted of drink-driving.

In introducing these changes Rear Admiral Jack Steer said *'these changes are not about punishing people, they are about changing our culture and championing an environment where our people take responsibility and behave like ambassadors for our Navy and our nation……we're trusting you to take these changes, run with them and challenge New Zealand's culture of binge drinking'.*

Alcohol Healthwatch commends the Royal New Zealand Navy for addressing the problem from a number of angles and including strategies to address the availability of cheap alcohol and the exposure to advertising. Getting the buy in of staff was also important.

Source: www.navy.mil.nz/nap/nn/20141008-cnwad.

Alcohol Research Update

The following is a brief summary of some new research that has been published recently.

Global status report on alcohol and health 2014.

This latest report from the World Health Organisation (WHO) provides a global overview of alcohol consumption in relation to public health as well as current information on patterns of alcohol consumption, health harms and alcohol policy and intervention. Key points from the report include:

- **Death and Disease**

Alcohol continues to present a significant risk and burden on health worldwide, with 5.1% of the global burden of disease attributed to alcohol consumption.

The harmful use of alcohol causes an estimated 3.3 million deaths every year across the world. This represents 5.9% of all deaths, an estimated 7.6% of male deaths and 4% of deaths amongst females.

- **Patterns of consumption**

The worldwide consumption of alcohol in 2010 was equal to 6.2 litres or 13.5 grams of pure alcohol consumed per person (15 yrs+) per day. Given that less than half (38.3%) of the population drinks, so those who do drink on average 17 litres of pure alcohol a year.

Based on the 2010 figures, New Zealand's per capita alcohol consumption (15 yrs+) of 10.9 litres of pure alcohol was higher than the Western Pacific region average of 6.8litres.

An increase in consumption was reported in the Western Pacific Region, with more affluent countries reporting higher alcohol consumption.

An estimated 16% of the drinkers aged 15yrs+ engage in 'heavy episodic drinking'.

In New Zealand's profile our per capita consumption was shown to have increased from an average of 9.4 litres of pure alcohol for

the years 2003 - 05 to 10.9 litres for the years 2008-10.

New Zealand's prevalence of 'heavy episodic drinking' in 2010 was reported as 5.6% of drinkers.

Please note: *Alcohol Healthwatch has queried the data source used by WHO, given that our national survey of that time period reports this rate to be 25.6% of drinkers. As yet this has not been resolved.*

The report affirms that alcohol is a harmful drug and not an ordinary commodity, and that more needs to be done to tackle alcohol-related harm. These efforts need to focus on the most effective methods namely reducing availability and raising the price of the cheapest, strongest alcohol and restricting advertising and sponsorship.

The Global strategy to reduce harmful use of alcohol (WHO 2010) recommends ten target areas for action to reduce harmful use of alcohol and the uptake of these is highly recommended by member countries.

World Health Organization. (2014). Global status report on alcohol and health. Geneva: Full report available here www.who.int/substance_abuse/publications/global_alcohol_report/en/

Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand.

Ayuka et al, note that regardless of geographical location, deprived areas tend to have greater concentration of alcohol outlets. They attribute this to a number of reasons including, reduced social capital in the community, limited civil resistance, land use zoning, liberation of the economy and focus on maximising business profits.

An important finding from this study was that the effects of outlet density on hazardous consumption was associated with specific sub-groups, particularly younger Māori and Pacific peoples, younger European females, middle-aged (55–64) and older males (75 and above).

Ayuka F, et al. (2014). Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. Health & Place 29; 186-199.

The impact of alcohol-related presentations on a New Zealand hospital emergency department.

This research was carried out between 15 November and 9 December 2013 by University of Otago researchers in the Christchurch Hospital Emergency Department (ED). It found that patients with alcohol-related injuries or illnesses had a significant impact on the ED and that;

- males were more likely to present for non-interpersonal trauma, and females were more likely to present for deliberate self-harm,
- the 16-25 year age group of both genders was over-represented, as were 40-60 year olds,
- presentations peaked on Friday and Saturday nights.

Researchers noted their concern over under reporting of alcohol-related presentations.

Stewart R, et al. (2014). The impact of alcohol-related presentations on a New Zealand hospital emergency department. The New Zealand Medical Journal 127 (1401); 23-39.

Patterns and sources of alcohol consumption preceding alcohol-affected attendances to a New Zealand hospital emergency department.

This study formed part of the above study in the Christchurch Hospital Emergency Department. Das et al, found that:

- alcohol-affected patients were more frequently young (16–25 years) and male,
- median alcohol consumption was 14 standard drinks preceding presentation,
- beer was the most popular beverage type consumed (34%), followed by spirits (23%), ready-to-drink mixes (21%) and wine (20%),
- beer was popular among males across most age groups, and among 31-55 year old females. Spirits were popular among males aged 21-25 years, and young females aged

16-20 years. Wine was popular among females.

- liquor stores were the most popular source of alcohol (45%), followed by on-licence premises (25%), and supermarkets (21%).

Das M, et al. (2014). Patterns and sources of alcohol consumption preceding alcohol-affected attendances to a New Zealand hospital emergency department. The New Zealand Medical Journal 127 (1401); 40-55.

Local Alcohol Policy Update

Wellington's provisional Local Alcohol Policy (LAP) is under the spotlight as we go to print.

The Alcohol Regulatory and Licensing Authority (ARLA) began hearing the city's LAP appeal on Monday 20 October.

Wellington's LAP appeal is being seen as a test case. The LAP has been appealed by numerous parties, representing both sides of the alcohol harm prevention divide.

Public health services and NZ Police are objecting to the trading hours for on and off licences contained in the provisional policy, arguing that they are unreasonable in light of the object of the Act. The provisional policy has put forward maximum trading hours of 7am – 11pm for off-licences and 7am-5am for on-licences in the CBD. Meanwhile representatives of the hospitality and alcohol sectors are mainly present in support Wellington City Council but are challenging the need for some restrictions.

Alcohol Healthwatch has grown more and more concerned as these processes unfold, fearing that the purpose and intent of the Sale and Supply of Alcohol Act 2012, is being sidelined as the politics and conflicts of interest play out. Director Rebecca Williams says that reducing alcohol-related harm, reducing availability and accessibility and improving community input into licensing decisions must be at the forefront of the debate and the decision-making on LAPs.

ARLA has not yet announced its decision on the Tasman LAP appeal held earlier this year, however ARLA's Judge Hole indicated at the Wellington appeal that this would be released shortly.

Lower BAC coming into force

The lower blood alcohol limits for driving come into force on 1st December 2014.

The new legal adult blood alcohol limit will be 50mg (0.05), and the breath alcohol limit will be 250mcg alcohol per litre of breath.

A driver failing an evidential breath test at the new limit will incur an infringement fee of $200 plus 50 demerit points. The penalties associated with the old level of 0.08 remain.

Awareness campaigns will run before and after the change to inform the public.

Further details are available at www.transport.govt.nz

Events

Alcohol and Cancer Conference
Wednesday 17th June 2015
Te Papa, Wellington
Co-hosted by Alcohol Action NZ and the Cancer Society of New Zealand
Registrations: lindsay.atkins@otago.ac.nz

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