

News Views

The Newsletter of Alcohol Healthwatch

Government Supports Warning

On Thursday 20 March 2003 the New Zealand Parliament was delivered a watershed decision when the Government officially announced support for requiring that alcohol containers carry a health warning statement. The Government report states that,

"The Government supports the message that women should not drink during pregnancy and supports, in principle, warning labels on containers of alcohol reminding women of the dangers of drinking alcohol during pregnancy."

This positive news followed a Health Select Committee report tabled in December recommending that the petition of Christine Rogan and 7279 other citizens, calling for Government action on health warnings for alcohol, be supported.

Christine Rogan of Alcohol Healthwatch said she is over the moon to get such strong and important support first from the Health Select Committee and then from the Government. "The issue of warning labels has been buffeted about in Parliament for

over 10 years. That just goes to show that with patience and resolve community advocacy can win against the odds and this is one of those issues that won't simply fade away as some might hope".

The Cabinet report directs the Ministry of Health and the Alcohol Advisory Council to draft an application to the Food Standards Australia New Zealand (FSANZ). This course of action will likely come up against barriers as this Authority, set up through a trans-Tasman treaty to standardise food labelling, examined the subject three years ago and decided against any form of alcohol warning message. That decision and the basis on which it was made caused outrage and an appeal to be lodged by the applicant SWAT (Society Without Alcoholic Trauma) with the Administrative Appeals Tribunal in Australia, all to no avail. This time however, the call for health warning statements has a much stronger foothold with significant backing from the New Zealand Government.

Canada Delivers on FASD

Anyone who doubted that fetal alcohol exposure was a problem for some New Zealand children and their families may have changed their mind at a recent Auckland seminar on the subject. Dr Jo Nanson, a visiting Associate Professor with the University of Saskatchewan who is a registered psychologist and the director of a developmental disability clinic, shared not only her academic knowledge but her clinical skill and insightful experiences of FAS spanning more than 20 years.



Canadian FAS Expert Dr Jo Nanson (right) with Christine Rogan, Alcohol Healthwatch.

The seminar, co-hosted by Alcohol Healthwatch and the Fetal Alcohol New Zealand Trust, was packed with more than ninety educational, social and health professionals eager to learn more, many of whom indicated that they are already working with affected families. The response to this seminar was overwhelming with almost as many people having to be turned away due to lack of space.

Jo shared the development of a "Best Practice" approach across the FAS lifespan which is now the strategic blue-print for health services in Canada. The strategies cover primary, secondary and tertiary prevention and intervention for both the general public and the population groups most at risk.

Fetal Alcohol Spectrum Disorder (FASD), the new terminology to encompass the full range of associated effects can result in life-long problems. Such things as cardiac problems, cleft palate, deafness, eyesight problems or infections due to immunodeficiency mean high level healthcare costs are associated. However the most intensive intervention across the lifespan is required for the results of pervasive brain damage, with such effects as attention deficits, memory problems, impulsivity, poor problem solving and reasoning, autistic disorders and even psychosis interfering with living productive lives.

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► During the seminar, Jo commented that she imagined the New Zealand public were well informed of the risks of drinking during pregnancy. That this remark was met with a collective burst of laughter suggests that New Zealand may have some way to go getting this message across.

The seminar helped to improve the knowledge and skills of front

line professionals in the field and served to highlight that New Zealand is slow to support the important work that they do. Dr Nanson hopes to return to New Zealand some time in the not too distant future.

For information about the Canadian responses to FASD go to:
www.cds-sca.com www.ccsa.ca www.motherisk.org

Alcohol creates dangerous world

According to the World Health Organisation (WHO) Director General Dr Gro Harlem Brundtland, these are dangerous times for health and well-being.

The danger is not just from familiar enemies of health but from too many of us living dangerously, either with little choice or by making the wrong choice.

Dr Harlem Brundtland points out that while the world is safer from once deadly and incurable diseases, it is the changing lifestyles of whole populations that now deeply concerns member countries.

The report shows that one third of the disease burden in industrialised nations is caused by tobacco, alcohol, blood pressure, cholesterol and obesity. Some of these same risk factors are now also creating a double burden for developing countries.

Worldwide, alcohol caused 1.8 million deaths, equal to 4% of the global burden of disease. The report shows that worldwide 20-30% of oesophageal cancer, liver disease, epilepsy, motor vehicle accidents and homicide and other intentional injuries are caused by alcohol.

The report focuses on risk reduction with cost-effective policy recommendations for prolonging and improving life. These include calling on governments to play a stronger role in formulating risk prevention policies, to strengthen and increase public awareness and understanding of risks to health and to better support community action. The document states, "Although the report carries some ominous warnings, it also opens the door to a healthier future for all countries – if they are prepared to act boldly."

The document can be viewed on www.who.org

Not so sexy alcohol

While popular teen radio stations belt out alcoholic milkshake advertisements as 'seduction in a bottle', health workers report dramatic rises in cases of gonorrhoea, chlamydia and genital warts among young teenage drinkers (Dominion Post 8/4/2003). Health workers in the lower North Island areas - outside Wellington - report that they now get up to 3 calls a day about sexually transmitted infections and unplanned pregnancy, when they used to get about one call a week. And they are quite clear what is behind the rise - easier access to alcohol. They should know. They get to talk directly with the young people seeking the treatment for these insidious diseases. They are particularly concerned for girls as young as 13 getting drunk and not seeming to know or care about what happens.

New Zealand has some of the highest rates of STIs and teenage pregnancy in the developed world. A survey of midwives (ALAC 2001) reported that 80% of their pregnant teenage clients continued to consume alcohol. The fallout from alcohol can therefore be intergenerational and lifelong.

This is clearly not the picture for the majority of teenagers however with alcohol being the most widely consumed substance among young people the risk factors are very high. The first Youth Health Survey, carried out by the University of Auckland Adolescent Health Research Group, show some positive indicators that most secondary school students report feeling healthy and happy with their lives and don't engage in multiple risk taking behaviour. However the survey showed that of the 90% of teenagers that have consumed alcohol, over a third (20% of 13 year olds and 60% of 16-17 year

olds) are 'binge' drinking. Equally concerning is that around 40% report engaging in sexual activity without using any protection.

Sex is increasingly being used to 'power sell' alcohol and it appears to be working. Alcohol sales are up again by a further 6.4% in 2002. With the natural desire of young people to be considered sexy and cool, these messages cannot fail to attract them. And as if we don't have enough to contend with, Britain announces to the world that a new generation of ready to drink sex products may be heading our way. Dubbed 'viagra pops' or "passion potions" the drinks consist of vodka and fruit juices mixed with powerful Chinese herbs reputed to boost sexual function (alcohol of course reducing it in the first place). With names such as "Roxsoff", the producers proclaim that they are a 'sensational scientifically blended concoction of potent and proven aphrodisiacs' to create a 'generation of randy super beings'.

At a time when more young teenagers are at increased risk of sexually transmitted disease or unplanned pregnancy and when Police are warning that alcohol is still the most common drug used to assist sexual assault, the 'alcohol is sexy' messages demand active challenge. However doing something about these advertisements is an unlikely prospect. Any sense of control over alcohol marketing remains firmly and conveniently in the grip of commercial self interest, administered under the guise of an advertising code that to all intents and purposes allows the proliferation of just these sorts of messages.

As pointed out in the World Health Report, (see above) turning the tide on risk and harm is going to require governments and others to 'act boldly'. I think the health of our children and young people is truly worth bold efforts.

VIEW POINT

*by Christine Rogan Health Promotion
Advisor, Alcohol Healthwatch*

It Starts Here, It Stops Here

What started out as an idea turned into reality for a team of professionals keen to raise awareness of the alternatives to and consequences of drinking and driving.

An ACC 'Booze Bus' was stationed in Market Square at Auckland's Viaduct Basin during the America's Cup race days. Along with the bus went a team of representatives from the agencies involved – NZ Police Traffic Alcohol Group (TAG), Auckland City (Road Safety), ACC and Alcohol Healthwatch - who provided an opportunity for visitors to the race village to tour the bus and receive an information pack branded "It Starts Here, It Stops Here".

The initiative, dubbed the Viaduct Alcohol Project, began back in July 2002 when the idea was first put forward by Sgt Gavin Campbell (TAG). It became real for the planning group when use of the popular Market Square site was approved.

The information packs provided to visitors to the bus included



alternatives to drinking and driving, 'Keys to Break the Cycle' repeat drink drive brochure, the penalties for drinking and driving, bus services and a very popular taxi voucher. The generous 12% discount voucher was offered by three local taxi companies, Alert, Co-op and Economy. Water, juice, pens and chocolates were also given away.

Over 3000 people went through the bus during the promotion and 550 visitors filled in a survey that canvassed attitudes and behaviours toward drinking and driving. Analysis of these will provide a valuable insight into the issue and help planning of future initiatives.

The project was made possible by funding from Auckland City and ACC and thrived on a partnership approach. Constable Jo Managh of TAG summed up the project's success with... "It was a great time for all those working and no doubt, a very enlightening and informative journey for most members of the public".

For more information contact Melissa-Jade McArthur at Alcohol Healthwatch on 09 520 7039.

In harmony with discord?

Australian alcohol advertising under review

Just as the Advertising Standards Authority suggests the idea of harmonising of our liquor codes with those of Australia, dissatisfaction with the self-regulatory system has prompted a top level review over the Tasman.

The review has been prompted by alarm about youth binge drinking and the strategies used by the alcohol industry to lure teenagers. Particular attention will be paid to: the capacity of the industry to self-regulate; the effectiveness of the complaints mechanisms; opportunistic marketing of alcohol to under 18s; the degree to which internet advertising of alcohol complies with requirements of the Code; and the impact of alcohol advertising on young indigenous people. According to Victorian Health Minister John Thwaites, "There is plenty of evidence that alcohol beverage companies are ignoring the voluntary code when they market their products." He said an independent regulator of alcohol advertising with the power to impose fines was an option to be considered by the Ministerial Council on Drugs Strategy.

The National Committee for the Review of Advertising, which commenced its review in October 2002, has an enviable representation of persons with a health sector background.

Meanwhile in New Zealand, the Advertising Standards Authority's review of its liquor codes is currently underway. The review team will be reading through a total of 953 pages of submissions received and oral submitters will be heard on the 12-

13th May. No date has been set for the release of the final report at this stage.

Alcohol Healthwatch doubts the review will result in significant restrictions on advertising of alcohol in New Zealand. "The review process and its limited terms of reference simply do not allow for a full and independent inquiry," says Director Rebecca Williams. She adds, "A broader and more robust review into government policy on alcohol advertising is necessary".

Alcohol Healthwatch views the banning of alcohol advertising as an important ingredient in changing the social norms around alcohol use.

"While researchers may be unable to conclusively quantify the relationship between advertising and alcohol-related harm, we know, particularly from qualitative research, that alcohol advertising is at least reinforcing the desirability of drinking in the young."

If alcohol advertising is to remain in the hands of the Advertising Standards Authority Alcohol Healthwatch has recommended in their submission that adjudication of complaints and future reviews be undertaken by an independent panel which has a majority of public health representatives.

Perhaps New Zealand should be taking the lead and setting higher standards for Australia to "harmonise" with.

News of the outcome of the Australian review should be released in the next couple of months.

Bold Support for 0.05

Just prior to Christmas, Transport Minister Paul Swain announced his support for lowering the blood alcohol level from the current level of 80mg alcohol/100ml blood to 50mg/100ml for driving. This announcement drew some opposition with the general consensus of the opposition being that the decrease will make offenders of thousands of law-abiding motorists.

However, since the present blood alcohol limit of 80mg was established in 1978, research has shown that important driving skills including vision, steering and braking are adversely affected by small amounts of alcohol. At the present limit, drivers are at least five times more likely to have a crash than before drinking.

International trends have shown that a 50mg limit dramatically reduces drink driving, saves lives and reduces injuries from alcohol-

related road crashes. The greatest reduction was seen in Queensland, Australia with an 18% reduction in fatal collisions and a 14% reduction in serious accidents.

Lowering the limit does not specifically target the problem of recidivist drink drivers and separate strategies are required for this. However, Australian research found that lowering the limit has a big impact on reducing the number of drivers with a high blood alcohol concentration.

Alcohol Healthwatch supports the lowering of the blood alcohol level and believes that the rights of people to live a full and injury free life should be held in a much higher regard than the rights of people to drive impaired.

Community Learns the Liquor Flaws

Yet another community in Auckland has found itself with a licensed premise outside the school gates. In this instance the local kindergarten is also adjacent. Similar to the Auckland College featured in the Summer 2002 edition of News and Views, the St. Heliers community have experienced first hand the gaps that deny them adequate input into the liquor licensing process.

Firstly, the resource consent application went through non-notifiable, which meant that the community could not make objections. Then the time period for public notification of the next step in the process, application for the on-licence, fell over the busy Christmas-New Year period and consequently drew no objections.

A community forum was held in early April to address concerns. Toni Millar, Chairperson of the Eastern Bays Community Board chaired the meeting. Speakers included Ruth Hill, Lobbying Officer from the East and Bays Parents' Centre; Anna Maxwell and Angela Baxter from Alcohol Healthwatch; and Councillor Yates, Chair of City Development Committee for the Auckland City Council.

Alcohol Healthwatch suggested two short term options to the St. Heliers community; these were to monitor the situation and oppose the renewal of the licence after one year if problems are experienced; and to get involved in the development of the Auckland City Alcohol Policy.

Until communities are given the opportunity to have meaningful input into licensing decisions by law they are powerless to influence inappropriate siting or the number of licensed premises in their areas.

Alcohol Healthwatch News

There are some new faces at Alcohol Healthwatch. We have welcomed Penny Newton as LDS Co-ordinator Counties Manukau and Angela Baxter has joined the Health Promotion Team.

We have farewelled Wendy Rasmussen, LDS Co-ordinator Counties Manukau who has joined the Police. We wish her well in her new role.

Coming Events:

4th International Conference on Drugs and Young People

Wellington Convention Centre 26-28 May 2003

Public Health Association Conference – Tino Rangatiratanga in Public Health

Turangawaewae Marae, Ngaruawahia 2-4 July 2003

Cutting Edge

Copthorne Hotel & Resort, Bay of Islands 28-30 Aug 2003

Injury Prevention Network of Aotearoa New Zealand Conference – Weaving the Strands, Creative Partnerships

Te Papa Tongarewa, Wellington 29-31 October 2003

Living, Learning and Laughing with Fetal Alcohol Spectrum Disorder . 17 June - for further details contact christine@ahw.co.nz

New on the WEB - www.ahw.co.nz

Submission - Liquor Advertising Review

Submission - Injury Prevention Strategy

Fact Sheet - Alcohol and University Students



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