

# News Views

The Newsletter of Alcohol Healthwatch

## FASDay Turns 5 - Fetal Alcohol Syndrome Turns 30

This September New Zealand participated for the 5th year running in the event known as FASDay, held throughout the world to raise awareness of a preventable tragedy. This year's FASDay marked the 30 year anniversary of Fetal Alcohol Syndrome (FAS), a condition brought to the world's attention by researchers at Washington State University who first published their findings in 'The Lancet' in 1973.

FASDay aims to draw attention to the many thousands of babies born worldwide with irreversible and preventable brain damage from exposure to alcohol before they are born, and asks that more is done to prevent it from occurring. A new term Fetal Alcohol Spectrum Disorder (FASD) is now being used internationally to reflect the range of adverse effects that can occur from prenatal alcohol exposure, including the definitive diagnosis of Fetal Alcohol Syndrome.

The 9th day of the 9th month is chosen for FASDay to signify the nine months of pregnancy, a time to support and keep mothers and babies safe from alcohol-related harm. At precisely 9.09 am, a minute of reflection is observed to begin a sequence of events that starts in New Zealand, moves round the world and ends in remote communities in the north western corner of Alaska 24 hours later.

FASDay, with its special minute of reflection, began in 1999, when all the nines lined up once in a millennium. Through the magic of the internet, organisations, groups and individual families link up under the FASWORLD banner to share ideas and activities to build more awareness and action. The FAS Knot – a cord tied in a reef knot – became the official symbol of FASDay.

Activities this year ranged from national conferences in the USA, Canada and Germany, non-alcohol cocktail competition in local bars, mayors reading proclamations on town hall steps, children singing and dancing, through to churches ringing bells to carry the prevention message to their communities.

In Canada the Saskatchewan Minister of Health, Hon John Nilson, shared his vision for addressing FASD; "... a community that understands, prevents and works together to address the disabling condition of persons affected by Fetal Alcohol Spectrum Disorder, so that each individual is able to participate

and contribute as a full citizen in the province's economic and social life."

South Australia reports, "We had a really successful FASDay handing out FAS knot bookmarks and alcohol and pregnancy brochures at our local university. Many of the students had not heard of FAS and asked questions, which was good."

A new member to join FASWORLD was the French speaking Island of Reunion situated 700 km east of Madagascar. The doctor heading FASDay events for the island – formerly known as Isle de Bourbon - advises that FASD is a major problem for them.

Despite having no one in New Zealand able to coordinate events nationally, significant activities took place to ensure that once again New Zealand was the first country to mark the day. In South Auckland, Lavea'i Trust held a Pacific "Break FASD" that included good

food, lots of people and a morning seminar on FASD provided by Alcohol Healthwatch. By chance a visiting health worker from Rarotonga came to listen. He advised that his country is facing a new crisis with young Rarotongans following their New Zealand cousin's pattern of binge drinking. He asked for help to get the FASDay message back to the Islands.

The Open Home Foundation, a national foster care organisation, arranged for two of Auckland's oldest churches to ring steeple bells at 9.09am. In the Waikato, Member of Parliament for Hamilton East Dianne Yates officially launched the Day, which included displays in local libraries.

Alcohol Healthwatch organised a "Where to from Here?" action meeting which was hosted by the ALAC Northern Regional Office. This was a follow up to two seminars held earlier in the year with visitors from Canada. The call for future action included discussion about what will replace the work previously carried out by the Fetal Alcohol New Zealand Trust (FANZ). FANZ, set up in 1998 and funded by ALAC to provide advice, advocacy, resources and national coordination, sadly closed its doors this year.

FASDay advocates around the world issued a challenge to decision-makers on this important anniversary. Given 30 years of scientific evidence, has enough been done to prevent this avoidable human tragedy? You can read more about FASDay at [www.fasworld.org.nz](http://www.fasworld.org.nz)



Lavea'i Trust FASDay Billboard

# Australian Review Team Strengthens Controls on Alcohol Advertising

The Australian alcoholic beverage industry have been given six months to strengthen self-regulation and make real improvements or the government will step in with legislative change. This threat follows a twelve month review of alcohol advertising by a national committee, which released its report in August.

The review followed concerns about the alcohol industry's ability to comply with its own code on alcohol advertising. It examined the effectiveness of the Australian self-regulatory system and its ability to curb opportunistic marketing to young people.

The report highlights the social power of alcohol advertising in promoting alcohol misuse, especially among young people. "While the specific influence of alcohol advertising is difficult to measure, there is no doubt that advertising stimulates alcohol

consumption by both adults and young people," it says.

Amongst other recommendations to strengthen the system, the Advertising Standards Bureau will be encouraged to run ongoing media campaigns to inform the public about the advertising complaint process. It must also ensure that at least one member of the adjudication panel is a public health expert.

New Zealand's ASA review this year questioned whether the liquor codes should be aligned with those of Australia. Alcohol Healthwatch is of the view that any pressure to harmonise must be responded to with great caution, and, along with other alcohol marketing policy, be determined at government level.

"The Australian system appears to be considerably weaker than New Zealand's, with a less comprehensive code and a less effective complaints process", says Anna Maxwell from Alcohol Healthwatch.

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## Drunken Students - A Call to Action

Campus life has long been associated with drunken exploits, and statistics add weight to the perception that hazardous drinking is more prevalent among students than their non-student peers.

People from around the country with an active interest in student drinking issues recently renewed contact to discuss strategies for creating sustainable change in unhealthy student drinking cultures.

The group includes representation from several major universities, Alcohol Healthwatch, ALAC, district health boards,

halls of residents, NZ University Students' Association, and researchers.

The group will form an ongoing 'taskforce' that will raise awareness of student drinking issues and encourage members of university hierarchies to adopt a health promoting approach to managing the university environment. It also aims to develop national guidelines to ensure that safe drinking practices are integrated into the policies, environments and practices within and surrounding universities.

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## "Why should bottle stores not be designated?" asks LLA

In decision 328/2003 May this year, the Liquor Licensing Authority (LLA) asked "why should premises such as this, devoted almost solely to the sale and supply of liquor, not be designated? We do not think it is appropriate for unaccompanied minors to be on such premises."

The suburban Gisborne bottle store sought to remain undesignated (allowing any age on the premises) despite police and District Licensing Agency belief that a better option for control would be to have a supervised designation. It was noted that the premises are situated in a residential area with a high youth population and that the Gisborne community, like many others, has problems with youth accessing alcohol.

The licence applicants argued that a significant portion (an unsubstantiated '18.5 percent') of their sales were of soft drinks, newspapers etc to minors. The LLA responded that "most restrictive licensing controls will have an economic

impact on licensees... that is a normal incident of a system of reasonable control of liquor abuse."

The supervised designation decision supports Alcohol Healthwatch's call for the designation of stand alone bottle stores to be included in amendments of the Sale of Liquor Act. This amendment would ensure national consistency of designation of bottle stores, and support the work of police and local governments, some of whom are already enacting this through policy. The amendment is discussed in Alcohol Healthwatch's Action on Liquor Legislation Campaign paper *The Sale of Liquor in New Zealand - Recommended Changes to the Act*, which will be released shortly.

The LLA has previously recommended that the Sale of Liquor Act be amended to require that a designation of "supervised" or "restricted" be applied to all stand-alone bottle stores (LLA Annual Report June 2002).

# Hardly a Hard 18

Touted as the key to minimising underage drinking when the legal purchase age was lowered from 20 to 18 years in 1999, the 'hard 18' approach to buying liquor has once again been tested and found wanting.

In a survey conducted recently by Massey University SHORE Centre, 18 year old 'pseudo patrons' were sent off without identification to see if they could buy alcohol from Auckland bottle stores, supermarkets and superettes. Overall, 46 percent of these attempts resulted in a purchase. By using 18 year olds no laws were broken in this study, but it clearly indicates that age verification practices are still lax and the under-age teenager aiming to buy liquor from an off-licence is likely to find it pretty easy. If one attempt is not successful, simply trying again down the road at another outlet probably will be.

The survey followed a similar one last year and showed that checking for proof of age in the region has significantly improved. Last year a shocking 61 percent of attempted alcohol purchases without ID succeeded. Since then, there's been significantly more legal age signage put up and supermarkets are beginning to get on top of the issue, showing a drop from 53 percent of unchecked sales in 2002 to 28 percent in 2003.

These improvements are largely the result of hard work and combined efforts of enforcement agencies and health promoters in the region. The police have been undertaking their own 'sting' operations which actually use minors and follow through with a prosecution if a sale is made. More resources for this sort of enforcement may be the surest way of dealing with the problem of underage sales, but it also pays to look at other players who have a role in the issue.

Picture an 'under-ager' who, for whatever reason, is determined to buy a bottle of light spirits for themselves or their mates. The density of liquor outlets provides easy pickings for determined youth. International studies clearly link density of liquor outlets with violent crime and other alcohol-related ill effects, yet we've allowed them to proliferate like a plague in many areas, leaving market forces to prevail. Monitoring then becomes a problem and, with more licensees struggling to make a buck, some may not be too fussy about who they sell to.



*Mountain of booze bought without ID*

Chances are our under-ager will find an outlet where they will be served by someone who lacks the motivation or confidence to ask for ID, let alone the competence to properly assess it and spot a fake one. The law does not make the training of staff compulsory and there is nothing in the law that says you have to ask for ID.

The licensee may have a policy on the matter - maybe even have a policy to check the ID of everyone lucky enough to look under 25 years. Great - if it is practised. Tills that trigger the operator to check ID for alcohol sales are a good idea. And perhaps supermarkets could improve things further by having separate aisles for shoppers with alcohol in their trolleys.

In the case of bottle stores, if not actually able to buy liquor, should the under-ager be welcome on the premises at all? A "supervised" designation would be an added barrier.

There's lots of potential for local government sale of liquor policies to insist on premises having stringent policies to avoid underage sales. There's also a role for vigilant community members to 'dob in' premises known to sell to minors, if it was made easy for them.

Lastly, there's the potential for those in high places to translate rhetoric into an environment that is more supportive of preventing the harm that results from society's most widely used drug. A shift back to a purchase age of 20 years would ensure Jo(e) 15 year old would be more easily spotted for a start. And how about a substantial increase in alcohol tax to shift the product out of the pocket money range?

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## Alcohol Abuse Costs Britain £20 billion *From "Guardian Weekly" Oct. 2003*

A British Government campaign to attack a drinking habit that costs the country £20 billion a year began recently with the release of a new strategy on alcohol abuse.

The £20 billion includes the cost of alcohol-related crime (£7.3bn), lost productivity (£6.4 bn), human emotional and social costs (£4.7 bn), and the national health

service tab (£1.7 bn).

British drinkers are the worst in Europe, with 40 percent of men's drinking sessions qualifying for the 'binge' label, according to a government report.

The average British drinker consumes 150 percent more alcohol than 50 years ago.

# Alcohol Healthwatch Action on Liquor Legislation – Campaign Update

A wide range of stakeholders have now received two Alcohol Healthwatch briefing papers – on the topics of alcohol advertising and the blood alcohol concentration for driving. These papers are available on the Alcohol Healthwatch website.

Three further papers will be released in coming months – these focus on amendments to the Sale of Liquor Act, excise tax and health and safety messages. Meetings with stakeholders to discuss key issues of the campaign have been undertaken and more are planned for the New Year.

## Staff News:

Alcohol Healthwatch has recently farewelled three of our Last Drink Survey team members.

**Melissa-Jade McArthur** – Auckland City Last Drink Survey Co-ordinator. Melissa-Jade left in September and has taken a post in an alcohol and drug rehabilitation centre in Hong Kong.

**Jolene Thomas** – Regional Last Drink Survey Co-ordinator. Jolene joined Alcohol Healthwatch four years ago to co-ordinate the Papakura Last Drink Survey project. She took over the Auckland City project in 2001 and then moved into the Regional role on a part-time basis, enabling the completion of her social work degree. Jolene has joined the Police as a youth social worker.

**Eldene Bradley** – National Last Drink Survey Development Co-ordinator. Eldene joined Alcohol Healthwatch in 1996 as a co-ordinator of the Last Drink Survey in Counties Manukau. Eldene began working part-time on the National Development in 2000 with support from the Alcohol Healthwatch Trust. In December 2001 this was extended to a full-time role. Eldene has assisted various communities in establishing and developing the Last Drink Survey and has been integral to the establishment of the national Enhanced Alcohol Intelligence Project. Eldene has joined the Police, as strategic analyst in Counties Manukau Police District.

Alcohol Healthwatch extends our deepest thanks to Melissa-Jade, Jolene and Eldene for their work and commitment. We also congratulate them on their new appointments and wish them well in their respective new roles.

# Go the Counties Manukau Police District Team Policing Unit!!!

Counties Manukau Team Policing Unit (TPU) has been singled out for some well deserved praise by the Liquor Licensing Authority. This has come about following three applications for suspension made by the TPU for the tavern known as "St George Tavern" (see LLA Decision No. PH 552-554/2003 Papatoetoe Licensing Trust, available on the ALAC website).

In the course of regular monitoring visits to the tavern by the Manukau TPU between January and

April 2003, several intoxicated patrons were observed by the Police staff. The TPU developed a system for assessing and verifying the state of intoxication. The method is outlined in Paragraph 7, and the LLA note the method was "an excellent way of dealing with the issue of intoxication". The LLA has suspended the licence for the St Georges Tavern for 14 days, and the managers involved have had their licences suspended for 1 month and 2 months each.

## End of an Era for Alcohol Healthwatch

February 2004 will mark the end of an era for Alcohol Healthwatch. Funding for the co-ordination of the Last Drink Survey will end and the National Enhanced Alcohol Intelligence Project will take over. Alcohol Healthwatch director Rebecca Williams says that after thirteen years of co-ordinating and developing the Last Drink Survey programme in the Auckland region it has become an important part of Alcohol Healthwatch and will be truly missed. She adds that although Alcohol Healthwatch is experiencing significant loss they are thrilled that their efforts have raised the priority of reducing alcohol-related crime.

As well as co-ordinating the seven Last Drink Survey projects in Auckland, Alcohol Healthwatch has

supported other communities throughout the country to establish their own Last Drink Survey. In May 2001 Alcohol Healthwatch presented a proposal to develop the Last Drink Survey nationally and since then has worked with Police and ACC to plan and develop what has become known as the National Enhanced Alcohol Intelligence Project (EAIP).

"What the EAIP will look like when it hits the ground is unclear at this stage," says Alcohol Healthwatch director, Rebecca Williams. "We hope the new project will add value to existing Last Drink Survey models, partnerships and community action, and that it will be informed by the vast knowledge and experience that already exists."

