

News Views

The Newsletter of Alcohol Healthwatch

Re-viewing the marketing of alcohol - a critical opportunity

It appears that the health effects of alcohol marketing, or at least the advertising component of it, may finally be hauled out of the industry self-regulation closet by Government and dusted in the light of new evidence.

After more than a decade of reviews within the self-regulatory framework, there is now an opportunity to look at options that can better take account of public health interests.

A call for a Government led review of the effects of alcohol advertising, prompted by a petition led by the not-for-profit organisation Group Against Liquor Advertising, has met with qualified support. The Government responded in March to a Health Select Committee report which had considered the petition and recommended a review of the current regulatory framework. In their report, the Government acknowledges that alcohol advertising may be having an adverse impact on the drinking behaviours and health outcomes of youth, and that there are issues with the current self regulatory system. It asks that a policy paper be prepared for the Ministerial Committee on Drug Policy by June looking at "the need for a Government-led review of the regulatory regime for alcohol advertising, and outline options for such a review."

This will be the first time Government, or a Government agency, will review the regulation of marketing since 1994, shortly after broadcast advertising was allowed.

Alcohol Healthwatch, while excited at the opportunities a review presents, is concerned at the potential for delays and insufficient coverage of marketing issues. "It's great that the Government is finally considering a review of the regulation of alcohol advertising," says Rebecca Williams, Director of Alcohol Healthwatch. "This opportunity must be seized and it must be ensured that a comprehensive job is done in a timely way."

Williams says a lot has changed in ten years and it is essential that the review cover the broad range of newer marketing practices, not just broadcast liquor advertising.

According to Federal Trade Commission estimates, only a third of alcohol promotion spending in the U.S. in 1999 was on the measured traditional media and the rest was on



Postcards for Cabinet: Group Against Liquor Advertising's political campaign

unmeasured promotions such as sponsorships, the internet, point of sale marketing, product placement and other promotions. "This is increasingly the case in New Zealand. There's huge potential for exposure to alcohol marketing that the self-regulatory codes don't adequately cover. Codes that deal with content alone may restrict the worst examples of advertising, but modern marketing is immensely complex and vague codes in no way adequately restrict the influence these promotional techniques are having on our

drinking culture. This review is important to improving the health outcomes of New Zealanders, particularly the young," says Williams.

Speaking on National Radio in New Zealand this year, Professor David Jernigan, an alcohol marketing researcher from the U.S., said that the timing is good for a review. He highlighted new evidence from longitudinal studies in the U.S. that show that advertising is a factor in early initiation of drinking. * Professor Jernigan has previously drawn attention to the potential of alcohol use in adolescence to impair memory and spatial skills.

Alcohol Healthwatch believes that no alcohol promotion, or very little, such as in France, Norway and some other European countries, is best for public health. If alcohol marketing is to continue, it says, a statutory body that oversees all forms of alcohol promotion is what's needed. Such a body could monitor exposure in all media and the impact of its content, particularly on young people; decide what placement and content is appropriate and oversee its regulation with real punitive powers. It could also screen new products which are particularly influential in encouraging young people to drink.

Note:

- Ellickson P, Collins R, Hambarsoomians K, McCaffrey D. (2005) Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction* Feb;100(2):235-46.
- Stacy A, Zogg J, Unger J, Dent C. (2004) Exposure to televised alcohol ads and subsequent adolescent alcohol use. *Am J Health Behav*. Nov-Dec; 28(6):498-509
- Centre on Alcohol Marketing and Youth <http://camy.org/>
- White, A., Substance use and the adolescent brain: An overview with a focus on alcohol Topics in Alcohol Research, Dept. of Psychiatry, Duke University Medical Center, Durham

Thinking Drinking: “Achieving cultural change by 2020”

Thinking about drinking, and changing the “binge drinking” culture that New Zealand shares with Australia, sparked interesting discussion, and as many questions as answers, at a Melbourne conference last month. The conference was liberally sprinkled with internationally renowned policy and marketing experts, researchers, as well as a few representatives of the alcohol industry.

The scene was set by a futurist, Dr Joseph Voros, who encouraged conference attendees to gaze well into the distance. “All our knowledge is about the past and our decisions are about the future ... and any truly useful idea about the future should appear ridiculous,” he challenged, with the caution that not all ridiculous ideas are useful.

Sociologist Peter D’Abbs warned against too simplistic an understanding of contemporary drinking cultures. He suggested there should be further exploration of the graduation that may exist between what is glibly referred to as either responsible drinking or binge drinking; more about the pleasure factor — the “P” word.

Professor Robin Room pointed out that cultural changes involving harmful substances have been long, hard and only partially achieved. The temperance movement, after a century of religious-based agitation, achieved some level of containment of drinking, but this has unravelled, as the conference was acutely aware. The often quoted successful changes to the drink-driving culture over the past 15 to 30 years involved law and enforcement as well as educative methods, and it remains to be seen if the message will stick. Curbing tobacco use has been the result of 50 years of strong government action, and massive court cases brought against the tobacco industry. The success of the anti-smoking fight can be attributed to regulation — of pricing, marketing, purchase age and restrictions on where smoking is allowed — and less to getting individual smokers to quit.

Room’s point was that culture change is possible, but difficult. It may be easier to shift one aspect of a culture. Change requires commitment, and a willingness to be coercive as well as persuasive, he said; and it has to apply to everyone, not just young people.

Ann Hope, a researcher and policy adviser to the Irish government, talked about the effects of strong economic growth, strong marketing and alcopops on Irish drinking behaviour — those factors have been blamed for increasing alcohol consumption by 41% since the 1990s. Hope said the Irish government was responding with a raft of measures focused on alcohol taxes, marketing and random breath testing.

The Melbourne conference was on the eve of the launch of New Zealand’s campaign to make bingeing no longer “the New Zealand way”. ALAC, which is leading the campaign, said

“people can’t be legislated into behaviour change”. A message was needed, ALAC told the conference, that had more appeal than the often unpalatable public health sector messages, and which would make binge drinking a subject of national debate.

A number of presentations covered a range of social, political and economic forces said to be shaping the future of alcohol use: individualism; growing inequity; and competition policy and other economic drivers. According to New Zealand economist Brain Easton, globalisation is likely to lead to further domination of the alcohol industry by a few multi-national companies, further penetration of new markets and greater influence of the drinking patterns of one country by another. Demographically, Easton said, an aging population like our own is likely to lead to decreasing per-capita consumption, with heavy drinking increasing as a per cent of the total. Immigration is likely to contribute to the growth of subpopulations with different drinking habits.

From the UK, Chief Constable John Giffard talked about the challenges of policing the “night-time economy”, and government responses to the problem of increasing alcohol-related street violence.

Professors David Jernigan and Sally Casswell gave updates on alcohol marketing practices; and social marketing adviser Tom Carroll presented lessons from recent Australian national campaigns.

Little comfort was to be gained from the presentations that indicated Australia and New Zealand have some difficult issues in common. Lack of enforcement of intoxication laws and the near impossibility of preventing new liquor licences being granted were examples. The replacement of the “privilege” of a holding a licence of former times by an “expectation” of a licence, accompanied by a lengthy and difficult process of gaining suspension or cancellation, struck a familiar note. There was familiarity, as well, in hearing about the political minefield of the “dog’s breakfast” that is Australian tax policy. Australia plans to have government sign-off by November on a strategy covering key areas of alcohol policy for the next five years.

There was a general feeling among attendees at the end of the conference that thinking on important issues had been stimulated, if not more tangible outcomes achieved. Most of those present would have left with the sense that changing a drinking culture, or drinking cultures, is possible, but difficult. Fifteen years is just the beginning, and more than persuasion will be required.

Thinking Drinking: Achieving Culture Change by 2020 conference presentations can be found at: www.adf.org.au



Foodtown hearing rules mandatory ID checks “unlawful”

Off-licences in Auckland City will no longer be required, as a condition of their licences, to check the age of all persons appearing to be under the age of 25 who attempt to buy alcohol.

In January this year the Liquor Licensing Authority (LLA) ruled that Auckland City District Licensing Agency's (DLA) policy of making new and renewed licences subject to this condition was “unreasonable, unlawful, and would inconvenience people aged between 18-25 who are legitimately buying alcohol”.

Under the Sale of Liquor Act 1989, the LLA or DLA may impose conditions relating to “the steps to be taken by the licensee to ensure that the provisions of the Act relating to the sale of liquor to prohibited persons are observed” (S 37 (4) (c)).

General Distributors Ltd did not want this condition on their liquor licence for their new Beach Rd Foodtown, claiming it was excessive, unreasonable and unlawful.

The Regional Alcohol Project (RAP), a group of Ministry of Health funded providers & evaluators which includes Alcohol Healthwatch, supported the condition. In their submission to the LLA they said, “While it may be excessive to require ID from all customers, it is very reasonable to expect every person up to the age of 25 years to be required to produce evidence of age documents. A clear, legal requirement to ask for ID is helpful for staff, particularly young staff.” They went on to say that failure to check ID of young looking persons, together with other evidence of poor management, should lead to enforcement proceedings.

This condition has been accepted by other retailers in Auckland City, including other supermarkets. Without the condition, the Act requires assessment of the licensee's proposed practices to avoid sales to prohibited persons, and makes it a defence to have cited approved evidence of age documents, but does not place a positive duty on licensees to verify age.

The RAP group believes the Sale of Liquor Act 1989 should be amended to make the requirement to verify age mandatory. “There is abundant evidence that the “hard 18” culture promised at the time of the 1999 amendments to the Sale of Liquor Act has not eventuated, and alcohol is readily able to be purchased by underage young people,” they said. RAP pointed out in their submission that, in the most recent pseudo-patron survey, one visit in three from an 18 year old to a supermarket in Auckland City resulted in a sale without ID. “This is a poor result. Systems such as till and supervisor checks and staff training in ID checking should be routine in supermarkets and ID checking of young people in all cases should be normal practice.”

At the hearing, the lawyer for General Distributors said

that the supermarket chain's practice of checking IDs of all persons appearing to be under 25 would continue. He also acknowledged that if the condition were to be amended to require all persons who appeared to be under the age of 18 to produce an evidence of age document, this would be acceptable to his client.

The LLA stated in their report that, while they accepted a great majority of the arguments which were raised in opposition, they “cannot elevate age verification from a potential defence to a proactive duty. It is Parliament which must do that”. However, they suggested that such a condition requiring all persons who appeared to be under the age of 18 would be “well worth exploring. With the consent of the applicant, the condition would be a significant step towards ensuring that liquor was not sold to minors.”

Decision number PH 911/2004



Off the Shelf

A useful newsletter about ID checking practices has been developed for off-licence staff and licensees. It gives simple information about the law around ID checking as well as practical tips for checking procedure, looking for false IDs and recommended signage. The newsletter, which has been developed by the Auckland Regional Alcohol Project group, is also available in Korean and Mandarin. Contact Alcohol Healthwatch for a copy.

Raising the profile of alcohol harms in national strategies

The New Zealand Cancer Control Strategy Action Plan 2005-2010, which outlines how the high level Cancer Control Strategy launched in 2003 will be achieved, has been released by the Ministry of Health. Alcohol is a known carcinogen, increasing the risk of a wide range of cancers. In their submission on the Strategy, Alcohol Healthwatch advocated strongly for actions that increase public awareness of alcohol-related cancer and for greater strategic collaboration between agencies in relation to alcohol-caused cancer. Alcohol features in the Action Plan as one of the seven prevention objectives. This objective has the aim of "reducing the number of people developing alcohol-related cancer", with actions centred on researching the association between drinking patterns and cancer risks; ensuring these risks are clearly identified in all future information and policy documents produced by key stakeholders; and support of initiatives in the National Drug Policy. The Action Plan is available at <http://www.moh.govt.nz/cancercontrol>.

Other recent efforts of Alcohol Healthwatch to have the documented harms of hazardous alcohol use reflected in national strategies include submissions on draft strategies on drowning and falls prevention, both areas where alcohol use features strongly among causative factors. These strategies have been prepared by the Accident Compensation Corporation and are due to be finalised later this year.

Pacific Drugs & Alcohol Consumption Survey

Researchers from SHORE, Massey University have launched a study using data from 1103 Pacific people living in New Zealand aged 13-65 years concerning their patterns of alcohol and other drugs use, as well as gambling and related harm. At the recent ALAC Working Together conference the alcohol component of the findings were presented, and comparisons were drawn with 2000 National Alcohol Survey data (Habgood et al. 2000).

Some key findings were that proportionally fewer Pacific people are alcohol drinkers, but Pacific drinkers drink more per occasion and larger amounts annually than drinkers in the national population. Pacific drinkers are also more likely to experience reported harms from their drinking compared to the national population. Significant differences in alcohol consumption were found to exist between Pan-Pacific and Pacific ethnic groups. The researchers concluded that there are reasons for concern about the harmful drinking patterns of some Pacific people.

The study funded in full by the Ministry of Health and Ministry of Pacific Island Affairs, is available from www.shore.ac.nz.

Huakau, J., Asiasiga, L., Ford, M., Pledger, M., Casswell, S., Suaalii-Sauni, T., Lima, I. (2004).

The burden of death, disease and disability due to alcohol in New Zealand

Connor, J., Broad, J., Jackson, R., Van de Hoorn, S., Rehm, J. (2005) ALAC Occasional Publication No. 23.

This study aimed to assess the health impacts of alcohol consumption in New Zealand. It found a large burden of disability due to alcohol use disorders, while positive health effects of alcohol consumption were seen largely in older, very light drinkers. Years of life lost due to alcohol were higher for men than women, and for Maori than non-Maori. Injury was a major contributor to alcohol-related mortality. The study is available from: <http://www.alac.org.nz/Publications.aspx>

Alcohol Healthwatch Update

We have recently sadly fare-welled Penny Newton from our team. Penny has played a vital role in the co-ordination and support of Liquor Liaison Groups throughout the Auckland Region over the last two years. Penny's skills and knowledge will not be lost to the field, however, as she has joined the team at Hunter Health who are implementing the Alco-Link project, which was initiated by Alcohol Healthwatch in 2001.

Debbie Broughton has rejoined Alcohol Healthwatch to hold the fort while a recruitment process is completed. We are hugely grateful to be able to work with Debbie again and welcome her back.

COMING EVENTS:

Up-coming Auckland research on intoxication on on-licensed premises: The Regional Alcohol Project Group is soon to launch a survey looking at intoxication on on-licensed premises in the Auckland Region.

Group Against Liquor Advertising AGM: Cancer Society Rooms, 1 Boyle Cres, Grafton 5.30pm Monday 2nd May 2005.



**ALCOHOL
HEALTHWATCH**

This newsletter is funded by the Ministry of Health

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

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Global activity: The “top down” approach to culture change

The wheels of change at a global level may be slow to set in motion, but their momentum could be immensely powerful in effecting cultural change around harmful alcohol use.

On February 27 this year the Framework Convention on Tobacco Control, the first global public health treaty created under the auspices of the World Health Organisation, came into force. It is designed to strengthen tobacco control initiatives around the world including restrictions on tobacco advertising, health warning labels, price and tax issues, illicit trade and smoking cessation programmes.

There have been suggestions that there needs to be a similar framework convention for alcohol. One such proponent of the idea of collective action on alcohol at the global level is European alcohol policy expert Dr Peter Anderson, who discussed the idea at the Thinking Drinking conference in Melbourne in February (see article this issue).

And what could such a framework convention achieve? Anderson suggested it could start with a definition of alcohol; outline standards for monitoring consumption; contain specific protocols for issues and agreements for control of smuggling; as well as outline effective policy responses concerning marketing, availability, drink-driving, brief interventions and recommendations on tax policy.

He suggested it would be powerful in mobilizing governments to implement effective policies and the NGO community to support its implementation.

There will, of course, be resistance. The director of the global industry body ICAP said at the Thinking Drinking conference that such a convention would be an “admission of defeat”; and the Director General of the WHO has apparently doubted that

the time is right.

As Dr Anderson reminded us, however, that the framework convention on tobacco control took 15 years, and began with resolutions.

One such resolution on alcohol, which may yet prove to be a forerunner of a convention, is currently in progress. At its meeting in January 2005, the WHO Executive Board approved a draft resolution “Public health problems caused by harmful use of alcohol” to be presented in May for adoption by the World Health Assembly, the supreme decision-making body for WHO. The resolution broadly requests that member states develop and implement effective policies; and that the Director General intensify international co-operation and mobilise necessary support for member states to implement more effective strategies. So far 52 countries have signed up to this resolution including all European Union countries.

The resolution follows on from a report adopted by WHO’s Executive Board last December.

Globally, the report says, use of alcohol is estimated to have caused 4% of the disease burden, similar to the damage caused to society by tobacco in 2000 (4.1%). The report outlines “best practice” strategies to reduce the alcohol-related burden and WHO’s future role work on alcohol.

There are also murmurings of cross border activity within the medical sector. A draft document is being prepared for submission by the American Medical Association to the World Medical Association. The document contains recommendations for all national medical associations and physicians. These cover the provision of brief interventions for ‘at risk’ patients and advocacy for evidence based policies at national and global levels.

Commentary

The business of business: The alcohol industry and social aspects organisations

Alcohol industry groups are keener than ever to apply educative strategies to “globalise responsible drinking”, with the stated aim of reducing the harmful effects of alcohol. A truer statement of their goals might be avoidance of industry harm. Industry-funded “social aspects organisations”, which are essentially public relations organisations, are their main avenue for this.

One such organisation is soon to be launched in Australia, said Warwick Bryan, investor relations director at Lion Nathan Australia, in an address to attendees at the ALAC Working Together Conference last month.

“While obviously approaching this from a commercial perspective, the industry is committed to making genuine change,” he said in the address, that focused on the role of the industry in working with governments, police, health promoters and the

community to minimise harm and encourage moderation.

Social aspects organisations (SAOs) have appeared in Europe and North America since the late 80s. They were suggested by business marketing consultant Tim Ambler in 1984 as a response to threats to the alcohol industry. The dangers he identified were from taxes, stringent drink-driving measures, restrictions on availability and advertising, requirements for warning labels and spread of treatment services. It is widely acknowledged that the tobacco industry reacted passively and too late to similar threats.

Backed by Coors, Bacardi, Diageo, Allied Domecq, Heinekin and other major producers, examples of social aspects organisations include the UK-based Portman Group, the Amsterdam Group in Europe and Educ’alcohol in Canada. The International Centre for Alcohol Policies (ICAP), a global group based in Washington, aims to “reduce the abuse of alcohol worldwide and encourage

► dialogue and pursue partnerships involving the beverage alcohol industry, the public health community and others”.

SAOs have a common approach to alcohol issues. They advocate educating the individual drinker to drink more responsibly and target the minority of drinkers who “misuse” alcohol. Their commercial rationale is to maintain consumption by persuading drinkers to adopt lower-risk drinking patterns, with more consumers drinking throughout their lifetime.

It sounds very laudable but the fact is that the strategies they promote — self-regulation of alcohol marketing, server training, responsible consumption campaigns and messages, designated driver campaigns, alcohol education for young people — all fare poorly in effectiveness ratings. Several recent reviews of research evidence are generally in consensus on this.

While SAOs support enforcement of existing laws, they fiercely lobby against any policy that is likely to restrict the ready availability of their products or freedom to promote them. They are eager for a place at any table where alcohol policy is discussed. “While sometimes finding it convenient to speak in the language of science and even to publish carefully selected ‘research’, they have made repeated attempts to discredit basic scientific findings,” writes the editor of *The Globe* (Issue 3, 2002: www.globalgapa.org).

Their huge financial resources make them a tempting source of funds for alcohol education and research and a major source of influence on public policy. “Democracy is an expensive business” quipped one presenter at February’s Thinking Drinking conference in Melbourne, who pointed to donations from industry groups to political parties.

The role of the industry in formulation of alcohol policy was a recurrent theme at the Melbourne conference, and the range of views was wide. At one end of the spectrum was the position that public policy must be separate from influence by the industry, which will never self-regulate without a perception of significant risk. Others felt that an adversarial position is not the way forward and we need to explore the diversity and potential within the industry. The director of ICAP, Marcus Grant, was emphatic that “robust alcohol policies need the

widest possible range of actors”.

An advocate of the first position is Dr Peter Anderson, adviser to Eurocare and the European Commission on alcohol policy. Experience has shown, he said, that public health groups tend to shift their views when they work at a policy level with the industry, so they end up supporting educational programmes rather than the more contentious but more effective policies that focus on environmental strategies — such as increased taxes, control of marketing, raising the purchase age and other restrictions on availability.

Dr Anderson drew attention to a recent survey on corporate social responsibility in the *Economist*, a UK weekly that writes on economics and current affairs from a pro-capitalism standpoint. Corporate social responsibility, it said, or the involvement of business in social and environmental issues, is now an industry in its own right. The *Economist* article concluded that “the proper business of business is business” and social responsibility should be left to governments.

In business, profit comes first and broader social welfare may amount to little more than a cosmetic treatment, the magazine said. “The proper guardians of the public interest are governments, which are accountable to all citizens, while the role of managers is to discharge responsibility to the owners of the firms, the shareholders.”

Anderson applied this to alcohol policy. “While agreement and co-operation is necessary for the implementation of some policy options, public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests,” he said.

The role of the industry, Anderson said, includes: being a source of funds for prevention and health promotion projects without exercising any control over their content; being accountable for the external costs of its products and the consequences of alcohol-related crime and disorder; giving accurate information and warnings about the consequences of using its products; and supplying its products in a way which minimises harm.

Anna Maxwell

NSW licensing bill aims to promote responsible drinking

A keen eye will be kept on what’s happening to liquor licensing laws across the Tasman. A New South Wales Government draft “Liquor Legislation Amendment (Alcohol Summit) Bill 2005” has been released for public comment (by 22 April 2005). It aims to “promote a culture of responsible service and consumption of alcohol”.

Suggested amendments, among others, include:

- extending the legal framework for liquor accords;
- including a definition of “intoxication” in the Liquor Act;
- making it an offence to attempt to enter or remain within 50 metres a licensed venue within 24 hours of being denied service due to intoxication or violence;
- introducing a new penalty for members of the public who supply alcohol to intoxicated person on licensed premises;
- increasing the maximum penalty for certain underage drinking and intoxication offences;
- extending the social impact assessment process that was introduced last year;

- introducing a fee for late trading applications to help recover costs of associated problems.

The proposed definition of intoxication in the NSW bill is as follows:

Liquor Act Section 4(d) “a person is *intoxicated* if the person’s speech, balance, coordination or behaviour is noticeably affected and there are reasonable grounds for believing that this is the result of the consumption of liquor”. *

http://www.dgr.nsw.gov.au/HTML/LEGISLATION/review/liquor_amendment.html

*Currently in New Zealand there is no definition of the term “intoxication” in the Sale of Liquor Act.