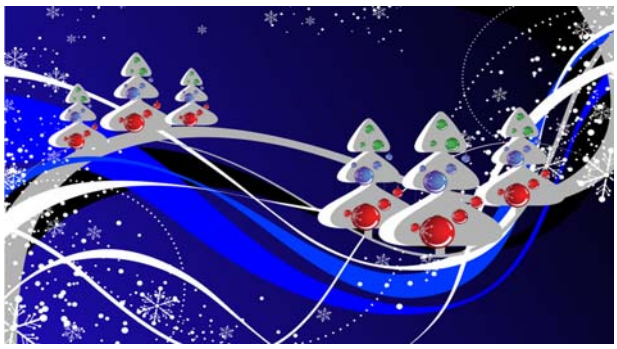
Alcohol Healthwatch
Whakatūpato Waipiro

News & Views

Issue 4 – December 2009

Seasons Greetings to you all!



It has been an exciting year all round. The Law Commission Review of liquor laws has certainly opened up an opportunity for change.

The Law Commission is currently analysing about 3000 submissions received on its liquor law review document ***Alcohol in Our Lives***, the most the Commission has ever received for any project.

Alcohol Healthwatch acknowledges and applauds all of you who have added your comments and recommendations through submissions or by participating in the many forums held.

Doug Sellman's national lecture tour and launch of Alcohol Action, along with his medical colleagues, has certainly added momentum and promoted debate.

We have seen doctors and nurses sign up to an historic statement showing their united stand for major changes to alcohol policy. You can see the statement and full list of signatories on www.alcoholaction.co.nz.

In many ways this is just the start.

Analysis of submissions is expected to be completed by the end of February 2010. The Commission will then draft its final recommendations and report for the Government. After this, legislation amending the Sale of Liquor Act, or new legislation, is expected to make its way through Parliament.

When the Law Commission makes its report to Government, and as legislation goes through the House, it is important decision makers understand that communities are no longer prepared to tolerate the high cost of alcohol-related harm – the drunkenness, violence, crime and injury; liquor outlets on every corner, broken glass in playgrounds and the targeting of our young by alcohol marketers.

Alcohol Healthwatch believes it is critical that communities have their say on the proposed changes to our liquor laws. It is communities that carry the burden of the harm alcohol causes, but currently have little influence on where, when or how alcohol is sold in their own 'backyard'.

To help support this process, Alcohol Healthwatch and other agencies will be working with communities on the most effective ways to make their views known, and to provide them with relevant information during 2010. More details about the specifics of this will be available in the New Year.

We'd like to thank those of you who have supported our meeting, forums and projects over 2009, and look forward to working with you in 2010 in achieving better health, well-being and safety for all.

Merry Christmas - Meri Kirihimete

Safe and happy holidays

from the AHW team: Rebecca, Christine, Todd, Roanne, Marie and Suzanne.

Goodbye to Judge Unwin

Alcohol Healthwatch acknowledges and thanks His Honour Judge Unwin who finished in his role as Chair of the Liquor Licensing Authority on 17th December 2009.

Judge Unwin has graced us with his astute decisions and leadership of the Authority as well as his great sense of humour over the years of his tenure.

Recent decisions have reflected the Judge's recognition of community concerns about liquor outlet numbers and location in their neighbourhoods and he has utilised the scope of his power within the current law to protect their interests.

We wish him well and hope that he takes some fond memories and satisfaction with him.

Global Action

The World Health Organisation released the **Draft Global Alcohol Strategy** in December**.**

The draft has been developed from an online public consultation and consultation with member states on a working document.

The draft strategy puts alcohol very strongly in a public health frame and guides member states to evidence-based policies and interventions to deal with an issue that "*can ruin the lives of individuals, devastate families, and damage the fabric of community*."

Disappointingly it has softened its stance on the marketing of alcohol. While supporting the strategy overall Alcohol Healthwatch Director Rebecca Williams believes this weakens the impact of the strategy and leaves the way open for countries to effectively do nothing to reduce the impact of exposure to alcohol marketing. She says it will also undermine the effectiveness of other strategies that may be implemented.

Williams says that New Zealand's self-regulatory environment for controlling alcohol marketing is not working and the draft strategy offers little in the way of support to change this.

The draft strategy can be found at:

http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html

Operation Unite – Police Blitz

Over the weekend of the 11-13th December Police on both sides of the Tasman took part in Operation Unite – a co-ordinated effort targeting alcohol-fuelled violence in the lead up to Christmas.

Through the media Police have expressed dismay and disgust at the level of arrests and violent incidents over the weekend, with Assistant Commissioner Viv Rickard saying "alcohol-fuelled violence is one of the most pressing social challenges of our times." (New Zealand Herald 15/12/09)

There were 9715 officers on patrol, making 2785 arrests and recording 567 assaults and 1281 licensing breaches across the two countries over the blitz weekend.

Alcohol Healthwatch director Rebecca Williams commends the Police for drawing attention to the issue saying "it just might make some people think twice and avoid doing something they later regret or causing harm to themselves or others".

However, Williams doubts such efforts can have any longer term impact given that underlying factors such as the number of outlets, long trading hours, cheap pricing and aggressive promotion of liquor are left unaddressed.

"Alcohol-related crime and violence are a constant drain on our enforcement and justice sector resources, and this is unacceptable and unsustainable. We have to think about stemming the flow as well as mopping up the mess," says Williams.

Research Brief

Alcohol Use in New Zealand - Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey was published by the Ministry of Health in October 2009.

Key findings from the report include:

- Alcohol is the most commonly used recreational drug in New Zealand, with 85% of adults (aged 16–64 years) having had an alcoholic drink in the past year.

- The prevalence of risky drinking is high among New Zealanders. Six in ten people who drank alcohol in the past year had consumed enough alcohol to feel drunk at least once in the past year, while one in ten had done so on a weekly basis.
- Alcohol-related harm continues to be a social and health issue in New Zealand. Some of the most common harmful effects experienced by people in the past year due to their own alcohol use were harmful effects on their friendships or social life (7%), having had days off work or school (6%) and injuring themselves (5%).
- Youth, Māori men and women, Pacific men, and people living in more deprived neighbourhoods were more likely to drink higher amounts than recommended, to engage in risky drinking behaviours, and to experience more harm due to alcohol use.

It is also noted that one in four (28.7%) women who had been pregnant in the past 3 years reported consuming alcohol while pregnant.

Since 1996/97 there has been a significant increase in prevalence of drinking among both Māori men and women. There is now no significant difference between Māori and Non-Māori drinking prevalence.

Ministry of Health. 2009. *Alcohol Use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey*. Wellington: Ministry of Health.

Self-regulation of alcohol advertising not working in Australia.

Research undertaken in Australia, and published in international scientific journal *Addiction* in June this year, found that adolescents in the five main cities saw nearly as much TV alcohol advertising as 18-24 year olds. In one city, underage teens were exposed to more advertising of full strength beer and wine than young adults of legal drinking age.

The researchers also found that all of the most exposed advertisements included in the study contained at least one element known to appeal to children and adolescents, such as animated characters, humorous storylines and pop music.

In his commentary on the research, also published in *Addiction*, alcohol policy and public health expert Dr David Jernigan said "Clearly self-regulation isn't working to protect young people from exposure to alcohol advertising. Ongoing monitoring and greater restriction on where these ads can air are needed to safeguard our youth."

Fielder L., Donovan R., Ouschan R. *Exposure of children and adolescents to alcohol advertising on Australian metropolitan free-to-air television.* Addiction 2009; 104: 1157-1165

Jernigan D. H. *Alcohol advertising regulation: where to from here?* Addiction 2009; 104: 1166-1167

Youth impacted by alcohol ads on Boston's public transport.

Research conducted by the Boston University School of Public Health concluded that students aged 11-18 years are continually and relentlessly subjected to alcohol advertising on the Massachusetts Bay Transportation Authority (MBTA) subway cars.

Researchers found that alcohol ads were viewed an estimated 18,269 times by Boston Public School student passengers during an average week day, reaching the equivalent of 54.1% of that population. They said findings had important implications for public health practitioners and policy makers seeking to address the problems of underage drinking, particularly given the well documented research linking youths' exposure to alcohol ads with increased underage drinking.

They went on to recommend that the MBTA prohibit alcohol advertising on the Boston transit system.

Nyborn, J. A. et al *Alcohol Advertising on Boston's Massachusetts Bay Transportation Authority Transit System: An Assessment of Youths' and Adult's Exposure.* American Journal of Public Health 2009; Vol 99, No. S3

Restricting alcohol availability reduces alcohol-related violence.

According to a study in Newcastle, New South Wales Australia, restrictions placed on 14 licensed premises in the Newcastle CBD, including a 1am lockout and reduced trading hours, resulted in a significant reduction in alcohol-related assaults. It also revealed that there was no geographic displacement of assaults to other premises or neighbouring areas.

The study found that there were around 133 fewer assaults in the year following the intervention.

The authors conclude that the study provides strong evidence that the restricted availability of alcohol reduced the incidence of assault in the Newcastle CBD.

Jones, C., Kypri, K., Moffat, S., Borzycki, C., Price, B. *The impact of restricted alcohol availability on alcohol-related violence in Newcastle, NSW (2009)* Crime and Justice Bulletin, Number 137 November 2009

Drinking during pregnancy rate shocks

Two recent New Zealand studies, one regional (Ho & Jacquemard, 2009) one national (Ministry of Health 2009), once again highlight the continual high levels of drinking alcohol during pregnancy in New Zealand compared to some other countries.

Over the past decade, studies have consistently shown that around 30% of New Zealand women continue to consume some alcohol during pregnancy, and up to 10% binge drink during pregnancy (more than 4 drinks per occasion). Our drinking during pregnancy rate is much higher than in the USA for example, where the reported rate for women aged 18-44 is 12.2% for any alcohol during pregnancy and 1.9% for binge drinking (Centre for Disease Control, 2009). Recognising the neuro-toxic effect of alcohol on a fetus, New Zealand addictions specialist Professor Doug Sellman, in a recent New Zealand Medical Journal editorial referred to the New Zealand data as 'chilling'.

An alcohol and pregnancy icon proposed by NOFASARD, Australia's National Organisation for Fetal Alcohol Syndrome and Related Disorders

Based on international prevalence data, New Zealand can expect a relatively high level of Fetal Alcohol Spectrum Disorder (FASD) among its children from the current level of drinking. For example, a new study to ascertain the number of Croatian school aged children that may be affected by full and partial fetal alcohol syndrome (the top end of FASD) found the prevalence rate to be 4% of the children (Petkovic & Barisic, 2009). In that study the mothers reported their drinking during pregnancy rate as 15.47% for any alcohol during pregnancy and 3.13% for binge drinking. This begs the question how big might the problem be in this country?

Clearly the good news is that the majority of women reduce or stop drinking once they know they are pregnant - presumably because of some educative measure. However, despite there being no level that can be called safe during pregnancy, more than 50% of New Zealand women believe some alcohol is okay to consume during pregnancy (Parackal et al, 2006) and there is nothing on the bottle they are pouring from, to persuade them otherwise.

The bad news is that most of this reduction occurred after they recognised the pregnancy. This is concerning given the proportion of women binge drinkers may be growing higher with each generation and there is little in the environment to remind them of the risk. In the Ho and Jacquemard survey, 66% of the women reported binge drinking before pregnancy. With this information to hand, together with New Zealand's unacceptably high level of unplanned pregnancy, alarm bells should be ringing and health funding diverted without delay toward prevention efforts and to understanding what might be happening to the children born exposed.

However it is worrying that so little headway has been made on a systematic and comprehensive approach to the problem. For instance New Zealand is still waiting to hear of the decision to require a health warning for the product. The issue has been under review by the Food Standards Australia New Zealand (FSANZ) since February 2006 and a decision one way or another to require a pregnancy health advisory label is not expected until late 2010 at the earliest. In contrast, the USA has had a mandatory health advisory warning on bottles there since 1989 (including on every imported NZ alcohol product).

As a prevention strategy, warning labels usually fall under the 'educative' category to which the health policy response from some quarters could

only be described as 'luke warm'. This, it is claimed, is based on less than convincing evidence of effectiveness for achieving behaviour change. In other words, evidence shows that other environmental strategies tend to be more effective than education.

Fair point, however, is that a fair comparison? The purpose of a health advisory statement is educative. Despite a small number of studies of their effectiveness, most based on the USA warning message which is relatively inconspicuously placed on the back of the bottle, research has shown that population awareness increased and some behaviour change occurred. Therefore, it could be argued that their purpose was successfully achieved with the added value of changing the drinking behaviour of a number of people. It could equally be argued that since the rate of drinking in pregnancy has remained significantly lower in the USA than in countries without such labelling, they make a significantly positive contribution to harm reduction. It is paradoxical to argue that educative measure such as a warning label has no place in the mix of strategies needed to change behaviour because it is very difficult to change behaviour without it, short of the use of force.

Education is highly valued in societies, and yet so easily dismissed when it suits a different agenda. When it comes to the health effects of alcohol, New Zealand have an ignorance problem and a response problem when this requires active engagement and intervention. Both need to be on the critical care list.

Ho R and Jacquemard R (2009). *Maternal alcohol use before and during pregnancy among women in Taranaki, New Zealand*. The New Zealand Medical Journal, Vol 122, No. 1306.

Centre for Disease Control (2009). Alcohol Use Among Pregnant and Non-Pregnant Women of Childbearing Age – United States, 1991-2005 (2009). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention 58(19); 529-532.

Petkovic G and Barisic I (2009). FAS Prevalence in a sample of urban school children in Croatia. *Reproductive Toxicology*. Article in Press.

Parackal S, Parackal M, Ferguson E & Harraway J (2006). Report on Awareness of the Effects of Alcohol Use During Pregnancy Among New Zealand Women of Childbearing Age. *Submitted to the Alcohol Advisory Council & Ministry of Health.* Ministry of Health.

0.05 BAC for 2020

Earlier in December The Ministry of Transport released a **Report on Road Safety Progress since 2000**. It provides a limited statistical review of the progress that has been made against the estimated reduction in social cost outlined in the Road Safety to 2010 consultation document.

The 2010 Road Safety Strategy identified 6 interventions to reduce the number of people killed and seriously injured by drink drivers. One of these interventions was to reduce the adult blood alcohol content (BAC) to 50mg alcohol/100ml blood (0.05), along with a zero limit for drivers under 20 years. These initiatives were not progressed. This report is further evidence that lower BAC levels are urgently required.

Of particular concern is the following statement.

"*There has not been an appreciable reduction in alcohol / drug related crashes over the last 10 years, despite highly visible enforcement and an increase in the number of breath tests administered.*"

The number of fatalities and serious injury crashes where alcohol or drugs were a contributing factor has not changed significantly since about 2000. The number of serious injuries has increased from 473 in 2000 to about 572 in 2008.

As a proportion of all drivers killed in road crashes, there has been increase in the number of drivers killed with excess blood alcohol levels.

In 2008, 64% of drivers at fault in alcohol related crashes were under the age of 30 years and 27% were aged 15 – 19 years. Young drivers are a high risk group whilst driving and are over represented in the road fatality and serious injury statistics. The number of 15 – 19 year old drivers involved in alcohol related crashes has been steadily increasing since 2002. A zero tolerance blood alcohol limit for drivers under the age of 20 years would help to decrease the number of youth involved in alcohol related crashes.

New Zealand does not fare well internationally either. When comparing overall death rates per 100,000 population across other comparable

countries New Zealand performs poorly, with only the United States having a higher rate.

However, when the death rate is measured in terms of vehicle kilometres travelled, New Zealand performs worse than the United States.

In relation to alcohol-related crashes New Zealand was compared to Australia. In 2006, approximately 22 per million Australians died in alcohol-related crashes compared to 28 New Zealanders per million.

This report signals strongly that we can no longer procrastinate on reducing our BAC levels. We need to ensure that the strategy for 2020 includes this as ACTION.

Drivers of Crime

On the 17th December 2009 Justice Minister Simon Power and Māori Affairs Minister Pita Sharples announced that the drivers of crime have been made a whole-of-government priority.

The approach will focus on four priority areas:

- Antenatal, maternity and early parenting
- Programmes to address behavioural problems in children
- Reducing the harm caused by alcohol
- Alternative approaches to managing low-level offenders, and offering pathways out of offending.

The announcement followed a ministerial meeting on the drivers of crime in April. Mr Power said there was broad agreement from the meeting that the drivers of crime are complex, social, inter-generational, and require early intervention.

Alcohol Healthwatch Director Rebecca Williams agrees and says that she is pleased to see alcohol-related harm in the priority areas to be addressed.

Alcohol impacts on our criminal justice system in a wide range of ways – violence and disorder, vandalism, breaching liquor bans, drink-driving, theft and burglary, neglect of children just to name a few.

A significant proportion of our prison population have an alcohol or other drug disorder that is likely to have had an influence on their offending, and will impact on their rehabilitation prospects. It will be important to address this if we are serious about reducing reoffending rates.

There is also a link between those affected by pre-natal exposure to alcohol and criminal offending. It will be important to ensure that the prevention of and early identification of those experiencing Fetal Alcohol Spectrum Disorder are part of the mix.

Williams believes we can do so much better in prevention, early and brief intervention in a wide range of settings. She urges the Ministers to consider the international evidence base for reducing harm, saying we do not have to start from scratch or pull ideas from the sky. The pathway forward is clear.

At the legislative end we must reduce the number of outlets and the hours they are open i.e. the availability of alcohol, increase the price, restrict the marketing of alcohol, lower blood alcohol levels and require warnings on alcohol.

At the coal face end we need to communicate with and mobilise communities to ensure they are aware of both the issues and the solutions, and equipped to address them. We need to ensure that effective early and brief intervention is happening and that adequate and appropriate treatment and rehabilitation services are accessible.

The sooner we get started the sooner we'll see the results.

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This newsletter is funded by the Ministry of Health