

# News Views

The Newsletter of Alcohol Healthwatch

## FASD Lights up Youth Justice

In a series of presentations in New Zealand and Australia, Judge Anthony Wartnik and Kathryn (Kay) Kelly from Seattle, Washington have raised knowledge and understanding of Fetal Alcohol Spectrum Disorder (FASD) and its implication within the youth justice environment. Being in trouble with the law is one of a number of significant and preventable problems encountered by individuals living with FASD and their families.

A longitudinal study of 400 affected individuals in the USA, conducted by Dr Anne Streissguth and her team at the University of Washington, found that 60% had been in trouble with the law. Since that information was published in 1996, people like Judge Wartnik and Ms Kelly have been advocating and training the justice sector about the needs of these vulnerable individuals and what strategies work to improve outcomes and reduce reoffending.

Exposure to alcohol prior to birth can cause brain damage that affects the way in which the individual thinks and functions throughout life. The individual may have difficulty understanding abstract concepts such as mathematics, time and money; with generalising one situation or rule to another; with planning and predicting outcomes; and their ability to understand and maintain social norms and boundaries may be limited. They are usually socially inept and impulsive, and together with poor memory function and lack of reasonable judgement it is not difficult to see why they struggle in society and end up heading down undesirable and anti-social pathways.

A Canadian study of a population of young offenders carried out by Dr Conry and team found that 23% of those assessed over a one year period met the criteria for a diagnosis of FASD. According to Judge Wartnik, "imposing the same punishment on defendants with FASD as on the broader population is misplaced, ineffective and most importantly may constitute violation of rights and abuse of judicial discretion."

Judge Wartnik believes there is a need for a paradigm shift in how we approach the matter from seeing the individual

failing the system to one where "we redesign the programs so that they meet the individual's needs in order to succeed."

In the USA this shift has begun. The courts are now accepting FASD as a non-statutory mitigating factor and beginning to hold lawyers accountable for not raising FASD if it is known or suspected.

In a comment in the New Zealand Herald, New Zealand's Principal Youth Court Judge Andrew Becroft said that the American figures meant that New Zealand courts could be seeing about 70 youths affected by FASD per year. He said there is significant cause for concern here and that FASD

may be a key causative factor of offending that is being missed. He said he intends to put measures in place to ensure that it is no longer missed. (NZ Herald 29.11.07)

Judge Wartnik and Kay Kelly's visit to New Zealand was sponsored by Alcohol Healthwatch. Director Rebecca Williams says this was undertaken with a view to exposing the Justice and related sectors in New Zealand to the information available and identifying opportunities to respond to this. "It has been such a delight to host such professional and dedicated individuals and to enable them to share their expertise, experience and stories here in



*Kay Kelly captivates her Auckland audience with her message about alcohol and fetal development*

New Zealand."

The Judge and Ms Kelly's New Zealand itinerary included a presentation at a Youth Justice Conference in Wellington, and a seminar in both Wellington and Auckland.

Williams says that feedback from the presentations has been extremely positive and indicates that there is much goodwill for following through on the strategies and interventions discussed.

The Judge and Ms Kelly have since flown to Australia where they have been delivering similar presentations. This paves the way for Trans-Tasman collaboration and sharing as we progress this issue.

For more information please contact Christine Rogan (09) 520 7037 or Christine@ahw.co.nz

## VIEW POINT

### Planning for Harm Prevention

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**By Rebecca Williams Director Alcohol Healthwatch**

It's time to get your thinking caps on folks and play your part in determining the best way to reduce alcohol-related harm in Aotearoa New Zealand.

The National Alcohol Strategy is well past its use by date and it must be said that its replacement has to lift the game.

As a vehicle to achieve priority for the reduction of alcohol-related harm the old strategy has largely failed. The fact that the strategy is four years out-of-date speaks volumes. Its effectiveness at reducing harm is also questionable.

The Alcohol Advisory Council (ALAC) and Ministry of Health are currently convening a range of advisory groups to get input into key issues and strategy options for the new look strategy which will be framed as an "Action Plan". The Public Health and Social Issues Group, the first of these groups to meet, gathered in Wellington recently. As a member of the group I can report that strengthened policy was a high priority. Addressing issues such as price and marketing were highlighted as primary intervention points, as was strengthening community capacity.

It is understood that following input from the advisory groups an Alcohol Action Plan will be drafted and made available for wider consultation next year.

In the meantime I encourage all those who haven't yet had the opportunity to have input into the planning process, to consider what you think needs to be in the next plan and also what needs to happen to ensure the plan achieves measurable reductions in harm.

The new plan needs to take into account that per capita consumption is on an upward trend. We cannot be complacent and simply carry on as we are. New and courageous strategies will need to be implemented. The dark shadow of harm is looming large over this process.

A complementary plan is being developed to specifically target Fetal Alcohol Spectrum Disorder (FASD). This plan is based on the one previously developed by the Aotearoa National Advisory Group on FASD.

Achieving a shared vision must be an important outcome of the planning process. Such a vision would strengthen the commitment to doing the difficult but necessary. Together we can respond to the challenges which are certainly on the road ahead and achieve improved health and community safety and reduce inequalities.

### Hangover cure or invite to binge

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**Hydrodol** – *Perfect for the Big Night Out* that's the message on a product currently available on the web, at pharmacies and liquor outlets.

It is one of numerous products claiming to alleviate the symptoms of over indulgence. These products are designed and marketed to those who intend to or who have already drunk to excess presenting an issue in and of itself. The fact that they are sold via liquor outlets is another issue altogether. Licensed premises are required by law not to serve people to intoxication and not to serve intoxicated individuals.

The licensed premises selling these products are at best sending a mixed message to patrons, at worst they are breaching the host responsibility requirements of their licence.

### Point Zero Five Group – Action Update

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The Point Zero Five Group has been meeting since the Auckland Regional Alcohol and Road Safety Forum in July and can report the following progress.

- At its annual conference and meeting The Injury Prevention Network of Aotearoa New Zealand voted unanimously to support a motion from the Point Zero Five Group and Alcohol Healthwatch. The motion called for the legal Blood Alcohol Concentration for adults to be lowered to 50mg/100ml and for a zero tolerance approach to be adopted for all drivers under the age of 20 years.
- The Group is now collating a 'book of support' for lower blood alcohol levels. A letter of support is enclosed with this newsletter. If you wish to add your support please sign the letter and return to Alcohol Healthwatch.
- Presentations to a range of key stakeholders are being planned for 2008.

If you can circulate the letter in your networks or would like to organise any support activity please contact Alcohol Healthwatch.

Contact Roanne Govender on (09) 520 7039 or roanne@ahw.co.nz

### Thumbs Up to Aussie Guidelines

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The National Health and Medical Research Council (NHMRC) in Australia have taken a bold approach to their new drinking guidelines.

The draft **Australian Alcohol Guidelines for Low-risk Drinking** was released in October for public consultation. The new look guidelines are significantly different from previous editions.

The NHMRC have moved right away from factoring in the "benefits" to the guidelines this time round and have significantly reduced the amounts of alcohol considered 'low risk'.

They have also reduced the number of guidelines which makes for easier understanding:

In summary the guidelines are:

Guideline 1 – For low risk of both immediate and long-term harm from drinking:

***1.1 Two standard drinks or less in any one day for both men and women.***

Guideline 2 - For children and young people under 18 years of age:

***2.1 Parents and carers are advised that not drinking is the safest option for children and adolescents under 15 years of age.***

***2.2 Not Drinking is the safest option for adolescents aged 15-17 years. If drinking does occur, it should be under parental supervision and within the adult Guideline for low-risk drinking.***

Guideline 3 – For women who are pregnant, are planning a pregnancy or are breastfeeding:

***3.1 Not drinking is the safest option***

The Guidelines make clear that Guideline 1 does not represent a ‘safe’ or ‘no-risk’ drinking level. They also contain other health advice and precautions such as recommending no consumption for those taking part in or supervising risky activities, including driving, flying an aircraft, water or snow sports or using other drugs.

Alcohol Healthwatch Director Rebecca Williams says that the new Australian Guidelines provide a much sounder foundation on which to build harm prevention messages and interventions. She believes the impact of the Guidelines will be a positive one not only for Australia but for New Zealand and the wider Western Pacific Region.

Williams says that guidelines currently in use in New Zealand are similar to the previous Australian guidelines and require urgent review. They offer poor advice and promote drinking levels that are far from low-risk. They do not support efforts to change the drinking culture.

“Guidelines are there for people interested to inform their drinking choices so it is important that they are provided with simple, clear and accurate advice. Guidelines are not there to try to make our ‘norms’ appear safe or by default encourage low-risk drinkers to drink more.”

To check out the new Australian Guidelines see:

[www.nhmrc.gov.au](http://www.nhmrc.gov.au)

*The current New Zealand “Low Risk” drinking guidelines for adults:*

*In any one week drink no more than*

- *21 standard drinks (for men)*
- *14 standard drinks (for women)*

*On any one drinking occasion drink no more than*

- *Six standard drinks (for men)*
- *Four standard drinks (for women)*

See: [www.alac.org.nz](http://www.alac.org.nz) for further details.

## Warning Labels Ahoy!!

Food Standards Australia New Zealand (FSANZ) has called for comment on an application to amend the Australian New Zealand Food Standards Codes to require labelling of alcohol beverages with a pregnancy health advisory label.

The consideration of the application, made by the Alcohol Advisory Council (ALAC), has been awaiting the completion of the review of the Australia Drinking Guidelines. The draft of these Guidelines includes a clear message that alcohol consumption is not recommended when planning pregnancy, during pregnancy and breastfeeding. Alcohol Healthwatch Director Rebecca Williams says that this bodes well for the consideration of the warning labels application. She says we now have both countries aligned on the issue.

Previous Australian Drinking Guidelines offered a mixed message regarding drinking during pregnancy and presented a barrier to labelling. If the new Australian Guidelines are adopted they will be consistent with New Zealand’s Ministry of Health advice which also recommends that women abstain from alcohol during pregnancy.

Williams says that warning labels from part of a strategic approach to preventing Fetal Alcohol Spectrum Disorder FASD. It is of paramount importance that there is a clear and consistent message to women of child bearing age that drinking alcohol during pregnancy carries a high risk. As there is no known safe consumption level abstinence is the only way to ensure that alcohol is not damaging a baby’s health.

Drinking alcohol during pregnancy can cause irreparable damage to the brain of the developing baby and a range of other effects.

Submissions are due by Wednesday 6 February 2008. If you wish to make a submission the following briefing papers may assist you:

***“Alcohol Health and Safety Advisory Statements (Warning Labels) in New Zealand”***

***“Fetal Alcohol Spectrum Disorder in New Zealand: Activating the Awareness and Intervention Continuum”***

Both can be found at [www.ahw.co.nz](http://www.ahw.co.nz)

## Early Closing Time in Queenstown

The Liquor Licensing Authority (LLA) has supported the Queenstown Lakes District Council’s new liquor policy of 4am closing in a recent landmark decision.

Earlier this year the Council made a decision to end 24 hour trading in a bid to address alcohol-related problems in the district. However, before the policy was adopted 8 on-licence (6 renewal and 2 new) applications were lodged with the local District Licensing Agency (DLA). The DLA objected to these applications.

In making his decision Judge Unwin of the LLA rejected the evidence put forward by the premises and ordered that the trading hours be limited to 4am from August 4<sup>th</sup> 2008.

He also ordered a public hearing in August 2009 to review the orders and allow the parties to seek changes.

If the licences had been granted they would have allowed the premises to trade 24 hours for a further two years beyond the introduction of the new policy.

The decision does give some clout to local council policies and shows that they can be effective tools in reducing alcohol-related harm.

## Community Policy Action - OTARA

Community alcohol issues were the focus of the September meeting of the Otago Network.

Issues raised included the number, density and location of premises, community crime such as violence, vandalism and graffiti, opening hours, bad practices of licensed premise owners, price and promotion.

The community expressed a strong desire for ownership. They experience the problems and want access to the tools and processes that will enable them to solve them in ways that work for them.

Numerous communities through out the City have raised similar concerns.

With the review of the Manukau City Council Alcohol Strategy on the agenda it is an opportune time for Manukau communities to mobilise.

A sub-group of the Otago Network are co-ordinating follow-up action on the issues raised at the Network meeting.

They are currently preparing a submission to Manukau City Council on a proposed bylaw that would limit the number and other aspects of temporary signage, such as sandwich boards.



*A liquor sign blocking the footpath in Manukau City*

## Coming Events

### Insights & Solutions

The combined 2<sup>nd</sup> International Conference on Alcohol and Other Drug Related Brain Injury and the Brain Injury Australia National Conference

1-3 September 2008 Melbourne Australia



Merry Christmas and a Safe and Happy New Year

*From the Alcohol Healthwatch Team*



