

# News Views

## The Newsletter of Alcohol Healthwatch

### Alcohol & Tertiary Students

On the 21<sup>st</sup> of September 2007 Alcohol Healthwatch hosted “*Issues and Interventions*” - a symposium aimed at enhancing awareness and understanding of the risks and harms associated with alcohol consumption by tertiary students, and identifying effective ways to address these.

The symposium attracted 70 participants representing a wide range of stakeholders including local councils, student associations, student health centres, police, public health services, community organisations, university accommodation services, alcohol and drug treatment providers, universities and district licensing agencies.

Researchers Drs Kyp Kypri, Peter Watson and Jennie Connor were joined by University and Student representatives giving presentations to inform discussions and workshops.

Drinking patterns established at high school are a key predictor of university drinking. Dr Peter Watson a youth health specialist presented relevant findings from The Youth 2000 study which surveyed 9510 year 9 – 13 students. Alcohol use was found to be “normative” behaviour in this age group.

Dr Kypri, who has a joint appointment at the School of Medicine and Public Health, University of Newcastle Australia and Injury Prevention Research Unit at University of Otago, made a series of presentations exploring the harms and risks through to the effectiveness of interventions.

From the presentations and discussions delegates concluded that the influences on the drinking behaviour within the university context are complex and numerous.

The lowering of the purchase age to 18 in 1999, outlet density and place of residence were identified at risk factors. Additionally, advertising of liquor and promotions at licensed premises aimed at the student population were considered significant influences.

The need to focus interventions on addressing the environmental influences was a strong theme emerging from the symposium.

Symposium delegates asked that a statement be developed following the symposium and disseminated to key stakeholders and influencers. The following statement has been developed.

*The culture of heavy drinking among New Zealand’s tertiary student population is well known. In more recent times we have seen the evidence base documenting the nature and extent of the harms associated with this culture strengthen.*

*Excessive alcohol consumption is a pattern of behaviour that is associated with numerous harms including violence, risky sexual behaviour, vandalism, driving while intoxicated, a decline in academic performance, financial hardship and injury. These harms affect not only the drinkers themselves but also non-drinkers, universities and impact on the wider community.*

*Evidence points to a number of risk factors including liquor advertising and promotions, place/type of residence, early exposure to alcohol, an established pattern of binge drinking at high school, peer pressure and density of liquor outlets.*

*Given what is known it is recommended that interventions:*

- 1) *Are based on the recognition that it is not simply a student or university issue but rather a community issue*
- 2) *Focus on modifying the environmental risk factors such as:*
  - Restricting alcohol advertising/promotions*
  - Increasing the price of alcohol*
  - Increasing enforcement levels/resources*
  - Limiting outlet density & location*
- 3) *Focus on existing brief and early interventions - catching “at risk” drinkers before harmful drinking patterns are established*
- 4) *Encourage a whole-of-community response through collaborative, co-ordinated and evidence based approaches locally and nationally*
- 5) *Are included as a priority area in the National Alcohol Action Plan (about to be developed).*



**Dr Kyp Kypri addresses the “Issues and Interventions” Symposium**

For further information on the symposium, presentations and follow-up activities please contact Stephanie Slaven on (09) 520 7038 or [stephanie@ahw.co.nz](mailto:stephanie@ahw.co.nz)

## Proposals Don't Make the Grade

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Recently Ministers Burton and O'Connor released their proposals resulting from reviews into the sale and supply of alcohol to minors and the regulation of alcohol advertising.

Alcohol Healthwatch Director Rebecca Williams describes the changes as minor tweaks and says that the overall effect will be minimal. The Government has taken the path of least resistance and effective strategies have been ignored or watered down. The proposals will disappointment families, communities and the agencies working at the coalface with communities to address alcohol issues.

The proposals have a concerning trend towards blaming and sanctioning young people. Williams says this is incredibly hypocritical. "We put a toxin in the system, make it cheaply available on every street corner, promote the stuff then blame the kids for the harms they experience as a result."

Effective measures such as increasing price, limiting the number and location of outlets and hours of operation, restricting marketing and taking control out of industry hands have been rejected.

Alcohol Healthwatch has previously expressed its support for the proposal to reduce the blood alcohol concentration (BAC) for young drivers, as this is backed up by evidence to reduce harm. However, there is also strong evidence to support a lower BAC for all drivers and doing this would not only lower the death and injury toll but also support adults to set a better example for those younger. Alcohol Healthwatch also supports the proposals aimed at strengthening the ID culture.

Williams cites the "three strikes you're out" approach for supply to minors by licensed premises as an example of watering down effective strategies. It is illegal for a licensed premise to supply a minor – full stop. She doubts parents would be happy knowing that the premise has to be convicted three times in two years before they lose their licence to sell.

Overall the Government's proposals have missed the target and wasted an incredible opportunity to support parents and communities who are awash with alcohol and the downstream effects. The community is calling for some leadership on this and once again have been left wanting.

## Research Update

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### Teenage binge-drinking predicts adversity and social exclusion in later life.

A longitudinal birth cohort study tracking over 11,000 participants born in Britain in 1970 and surveyed at ages 16 and 30 years concludes that adolescent binge-drinking is a risk behaviour resulting in significant later adversity and social exclusion.

The study lead by Dr Russell Viner, Department of Paediatrics, University College London found that those who reported binge drinking at age 16 were 60% more likely to

experience alcohol dependence and homelessness, and 70% more likely to consume excessive amounts regularly. They were also 40% more likely to use illicit drugs, to suffer mental health disorders, experience accidents and 30% more likely to lack qualifications. They were twice as likely to have criminal convictions, four times more likely to be have been excluded from school.

Journal of Epidemiology and Community Health 2007  
<http://jech.bmj.com/cgi/content/abstract/61/10/902>

## 0.05 – A Call to Action

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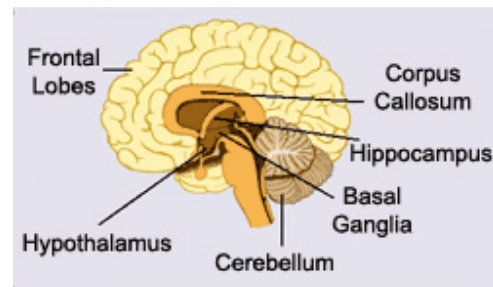
As a result of the Auckland Regional Alcohol and Road Safety Forum hosted by Alcohol Healthwatch earlier this year an action group has formed. The group calling themselves *Point Zero Five* aims to contribute to alcohol harm reduction through its efforts to lower the blood alcohol limit for driving to 50mg/100ml or 0.05.

The group is made up of representatives from a wide range of interest groups and action planning is underway.

For further information or to join/support the group please contact Roanne Govender on (09) 520 7039 or [roanne@ahw.co.nz](mailto:roanne@ahw.co.nz)

## Alcohol-related Brain Impairment

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Alcohol Related Brain Impairment (ARBI) is a preventable harm that has been described as a 'hidden' condition. Alcohol is, among other things, a neurotoxin. As such it can adversely affect brain function over a period of time at surprisingly low levels and as the damage begins to occur before the symptoms, its treatment and prevention present a huge challenge.

ARBI can occur in people of all ages who regularly drink alcohol at a level above recommended upper limits, a pattern of consumption common in New Zealand from adolescence onwards. ARBI also includes the damage done to the brain during early development when a woman consumes alcohol during pregnancy. As such it is not confined to those people recognised as having an alcohol dependence disorder. Hence it could be said that ARBI can present a problem to society 'from the womb to the tomb'. This presents as a looming crisis to our health and social services if not addressed. However, little attention has been paid to what damage our current patterns of drinking may be doing to the nation's collective brain function.

New Zealand will shortly have an opportunity to learn more about ARBI and its implications. Alcohol Related Brain Injury Australian Services Ltd (ARBIAS), in association with Alcohol Healthwatch is presenting a 2 day program entitled, "Recognising and Responding to Alcohol Related Brain Injury – An Introduction." ARBIAS is a non-profit organisation in Melbourne specialising in the treatment, research and prevention of acquired brain damage associated with alcohol consumption.

The programme will provide New Zealand professionals working in health, justice, social services, research and the community with a unique opportunity to understand ARBI more fully including the implications and social consequences of ARBI and key intervention strategies.

**TWO Professional Development Opportunities**

*"Recognising and Responding to Alcohol Related Brain Injury - An Introduction"*

**Auckland 8-9 November 2007**

*"Fetal Alcohol Spectrum Disorders: What Youth Justice Professionals Need to Know"*

**Wellington 26<sup>th</sup> November 2007**

**Auckland 3<sup>rd</sup> December 2007**

Contact Christine Rogan on (09) 520 7037 or [Christine@ahw.co.nz](mailto:Christine@ahw.co.nz)

See [www.ahw.co.nz](http://www.ahw.co.nz)

## **FASDay 2007**

New Zealand marked the 9<sup>th</sup> International Fetal Alcohol Spectrum Disorder Awareness Day and its prevention messages on the 9<sup>th</sup> September once again.

FASDAY was acknowledged in a variety of ways throughout a diverse range of countries including France, Holland, Ireland, Germany, Sweden, South Africa, India as well as the USA and Canada. Church Bells rang at 9.09am around the world including in communities in the North and South Islands of New Zealand. Local and national media ran articles and there were gatherings large and small around the world.

At the Clover Park Community Centre in Otara, Manukau a group of children and adults gathered on Sunday to mark the FASDAY moment of reflection at 9.09am. It was a festive event with balloons, food, singing and prayers.

In Marlborough, a group including public health, Drug Arm, Safer Community Council and The Hotel Association is stepping up their campaign against alcohol and drug abuse by targeting FASD prevention education in the community.

The Minister for Children's Services in Alberta Canada, Hon Janis Tarchuk had this to say, "FASD is entirely preventable, but the disorder continues to have devastating and irreversible affects on thousands of children and families in

Alberta. Increasing awareness is critical to helping prevent this tragic, lifelong disability. On Sunday, September 9th, I encourage all Albertans to take a moment of reflection and acknowledge FASD awareness."

The messages shared on FASDAY in New Zealand were, "Every Day is FASDAY" and "Everyone is Part of the Solution."

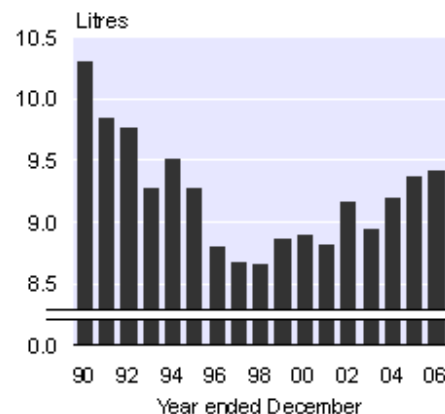


*Members of the Otara Community recognising FASDay 2007*

If you would like to know more about Fetal Alcohol Spectrum Disorder and be a part of the Fetal Alcohol New Zealand Network (FANNZ), contact Christine Rogan 09 520 7037 or email, [fannz@ahw.co.nz](mailto:fannz@ahw.co.nz)

## **RTDs – Driving Consumption**

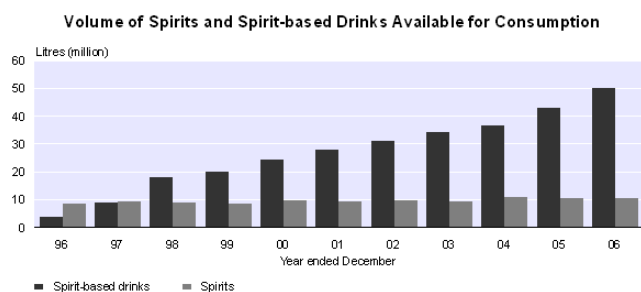
**Litres of Pure Alcohol Available for Consumption**  
*Per head of population aged 15 years and over*



*Source: Statistics New Zealand*

The graph above illustrates the trend upwards of per capita consumption beginning from 1998.

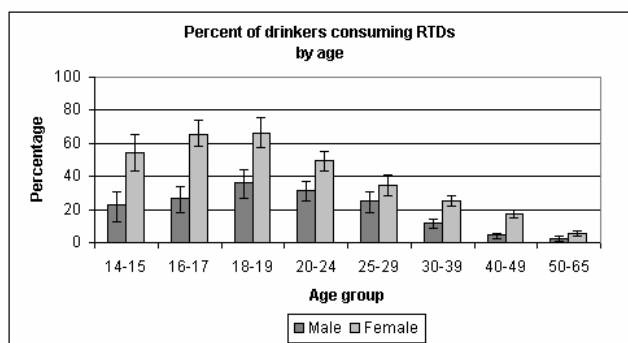
The graph below demonstrates the influence on this trend of the spirit-based drinks or ready-to-drinks (RTDs) with their meteoric rise in availability.



Source: Statistics New Zealand

Other beverage types have remained relatively stable with wine and higher strength beers showing more moderate increases.

The graph below shows who is drinking RTDs. It highlights that these beverages are more commonly drunk by young people and in particular young females.



Source Centre for Social & Health Outcomes Research and Evaluation (SHORE) Massey University 2004

Alcohol Healthwatch Director Rebecca Williams says that the increasing consumption of RTDs is no accident. These beverages were designed to appeal to young people, particularly young women from design conception to shop shelf. They look, taste and are packaged and priced with this appeal in mind.

There is also a trend towards higher strength drinks within the range. When RTDs entered the market around 1995 they typically contained 4-5% alcohol/volume. However, a look at the beverage group now will show that the alcoholic content has risen to up to 9%.

Williams says that this too is a specific industry strategy. "The industry will sell it as a convenience – pre-mixing your drinks. However, the result is our younger drinkers are being groomed towards drinking higher strength products increasing the risk of intoxication.

A 10 pack of bourbon and cola RTDs (9%) can be purchased for around \$22 with one store giving away a free CD case with every purchase.

Other popular RTDs (5%) are sold for around \$1.50 each, some as low \$1.00.

A recent Sunday Star Times article (21/10/07) reported that 70-80% of admissions to Accident and Emergency at Wellington Hospital on Friday and Saturday nights are alcohol-related. The article went on to say that many of the admissions were young, very young women requiring life support to survive the night.

## WELCOME!

Alcohol Healthwatch has welcomed Stephanie Slaven to the team as Health Promotion Advisor.

Stephanie joined us from Family Planning where she was a sexuality educator.

She says, "I have enjoyed co-ordinating the Alcohol and Tertiary Student symposium and meeting all the great people interested in this issue. I am now looking forward to being involved with working with these people and others on harm reduction projects."

### Alcohol Healthwatch Team:

- Rebecca Williams – Director
- Christine Rogan – Health Promotion Advisor
- Stephanie Slaven – Health Promotion Advisor
- Roanne Govender – Community Health Promoter (Regional)
- Sjimmy Fransen – Community Health Promoter (Waiuku)
- Suzanne Lopes – Office Manager/Information Co-ordinator

## THANK YOU!

We wish to thank all of you who responded to our newsletter evaluation. We were thrilled with the response. Best ever!!

Over the next few editions we will be endeavouring to incorporate a few changes in News & Views to respond to your ideas and suggestions.

Thanks to you all for your continued readership and for the messages of support and praise.

Feel free to let us know if you've had any further comments and ideas or you need to change your details.

Contact Suzanne at [ahw@ahw.co.nz](mailto:ahw@ahw.co.nz) or (09) 520 7036

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

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