

A Global View

The **Global Alcohol Policy Conference** was held in February 2012 in Bangkok, Thailand.

The conference marked an important milestone for alcohol control efforts in global history. It carried the theme “From Global Alcohol Strategy to National and Local Action”.

Members of the Alcohol Healthwatch team were part of the relatively strong New Zealand contingent at the Conference.

We presented a poster at the conference titled “The Trials and Tribulations of Alcohol Reform in New Zealand: a NGOs perspective” which was well received.



Alcohol Healthwatch Director Rebecca Williams and Health Promotion Advisor Amy Robinson, with their poster in Thailand.

We take a closer look at the conference and share some of the key themes in a special edition included with this newsletter, or available at www.ahw.org.nz.

Missing the target

The World Health Organisation (WHO) is currently developing a monitoring framework and targets for the prevention and control of **Non-communicable Diseases (NCDs)**. This follows a high-level meeting of the United Nations on NCDs in September 2011 at which the harmful use of alcohol was identified as one of the four main risk factors for NCDs, alongside tobacco use, unhealthy diet and lack of physical activity.

In the first draft of the monitoring framework a target *to achieve a 10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years* was included. However, following a round of consultation, the alcohol target was excluded from the subsequent draft.

Alcohol Healthwatch, along with other non-government organisations, have provided feedback to an online consultation. Our feedback expressed that we found it totally unacceptable that the alcohol-related target had been dropped from the framework and questioned the influences that led to this.

We recommended that the target be reinstated and that the core indicator for the reduction of heavy episodic drinking remain included.

We stressed the importance that such frameworks are complementary to other strategic efforts such as those included in the Global Strategy to Reduce the Harmful Use of Alcohol; and that commercial interests should not be allowed to derail efforts to achieve better public health outcomes.

Action on Minimum Pricing

The British government will introduce a minimum price per unit of alcohol in England and Wales as part of their new strategy to tackle their infamous binge-drinking culture.

Along with implementing a minimum price, a proposed ban on multi-buy offers would affect top-end promotions, such as a percentage discount on a half-case of wine, as well as the likes of buy-one-get-one-free deals.

The alcohol strategy also seeks to give local agencies an “extensive range of tools and powers” to tackle problem drinkers and premises, such as by restricting opening hours and density of licensed premises. Additionally, the strategy plans to “end the notion that drinking is an unqualified right by piloting sobriety schemes for those people whose offending is linked to excessive alcohol consumption”. A late-night levy is also in the pipeline to make clubs and pubs help pay for policing.

UK Prime Minister David Cameron hopes that these measures will have positive effects on the alcohol-fuelled crime and violence that “drains resources in our hospitals, generates mayhem in our streets and spreads fear in our communities”. It is also hoped that introducing a minimum price will discourage Britons from ‘pre-loading’ on cheap liquor before heading into town for the evening. Mr Cameron said that they are consulting on the actual price, but if it was 40p that could mean 50,000 fewer crimes each year and 900 fewer alcohol-related deaths per year by the end of the decade.

Binge drinking accounts for half of all alcohol consumed in the UK; as is the case in New Zealand. Mr Cameron says therefore, that “binge drinking isn’t some fringe issue”.

Retailers and drinks companies have strongly opposed the proposal, reciting the usual industry rhetoric; that it would punish the people who enjoy alcohol responsibly, while failing to tackle binge drinking. Some in the industry are even suggesting that the

introduction of a minimum price would face a court challenge.

So what is the evidence?

According to Babor et al. (2010) raising the minimum price of the cheapest beverages is especially effective in influencing heavy drinkers, and in reducing rates of harm.

In an analysis published in the British Medical Association News, Professor Stockwell quotes a meta-analysis by economist Craig Gallet, who looked at 132 studies between 1945 and 2003. The study concluded: ‘a 10% increase in price leads to an average of a 5% decrease in consumption’. Studies have also shown that when alcohol price goes up, there are decreased levels of alcohol dependence, liver cirrhosis, road trauma, assaults and sexually transmitted diseases.

Scotland is also in the final stages of implementing minimum pricing. On the 14 May 2012 it was announced that this would be 50p per unit.

According to a minimum pricing modelling study carried out by the University of Sheffield, it is estimated that in the first year, introducing a minimum price of 50p, Scotland would see:

- 60 fewer deaths
- 1,600 fewer hospital admissions
- A total value of harm reduction of £64 million
- Around 3,500 fewer crimes per year

After 10 years, benefits would increase to:

- Over 300 fewer deaths annually
- 6,500 fewer hospital admissions
- A cumulative value of harm reduction of £942 million

Babor et al. (2010). Alcohol No Ordinary Commodity research and public policy. Oxford University Press, New York.

Trueland, J. (2011). Scotland the brave. British Medical Association News. Accessed from:

<http://web.bma.org.uk/nrezine.nsf/wd/ATHN-8MBKRY?OpenDocument&C=8+October+2011>

University of Sheffield. (2009). Model-Based Appraisal of Alcohol Minimum Pricing and Off-Licensed Trade Discount Bans in Scotland.

Wherefore art thou Alcohol Reform Bill?

In case you were wondering whatever happened to the **Alcohol Reform Bill** – it's still awaiting its third and final reading in Parliament. It was languishing at number 29 on the Parliamentary Order Paper as of 10 May 2012.

Justice Minister Hon. Judith Collins has indicated that the Bill will be considered next month.

A number of issues relating to the Bill have been discussed in the media recently. This discussion has tended to focus on the minimum purchase age (MPA).

There are two competing supplementary order papers currently lodged to change the Bill's provisions for splitting the MPA. One aims to return the age to 20 years for both on and off-licence purchases, and the other aims to keep the age at 18 years.

You can find out more at www.parliament.govt.nz or contact us.

Sector Changes

The Government's State Service reform impacts on the alcohol-harm reduction sector.

The **Crown Entities Reform Bill** includes mechanisms to disestablish a number of state services and agencies including the Alcohol Advisory Council of New Zealand (ALAC) and the Health Sponsorship Council (HSC). It establishes a new entity called the Health Promotion Agency which essentially merges ALAC, HSC and some parts of the Ministry of Health.

This Bill has been considered by the Government Administration Committee who reported back on the 30 March 2012, making very few changes to the original Bill.

The new agency is due to formally come into being on the 1 July 2012.

Risky drinking measure surpassed

In a *New & Views* last year we highlighted some concerning trends in alcohol consumption. As well as the continuing upward trend of per capita alcohol consumption to the year ending December 2010, we noted the increase in availability of higher strength beverages – wine, spirits and higher strength beers.

The latest alcohol availability figures, released in February 2012 by Statistics NZ, show the availability of higher strength beverages continue on their upward trend.

While there was a small reduction (0.3%) in the total amount of alcohol available for consumption to the year ending December 2011, this did not correct a 0.6% increase the year before. Increases of 7.5% and 7.2% in the June and September 2011 quarters respectively may represent stocking up in preparation for the Rugby World Cup.

In 2011 per capita consumption fell 1%, however this also doesn't correct the 3.7% increase in 2010. So the upward trend which began in 1998 continues.

Another disturbing figure included in the release of the availability data this year was the average number of drinks consumed per person per day has risen to 2.1 standard drinks. This was compared to 1.9 in 1996.

This amount exceeds international guidelines for reducing the lifetime risk of alcohol-related harm, which generally advise healthy adults to limit their drinking to fewer than two standard drinks a day.

Research Update

Close proximity to alcohol outlets is associated with increased violent crimes in New Zealand.

This study examined the association between distance to the nearest alcohol outlet, grouped

by licence category/type, and serious violent offences between 2005 and 2007.

The study found that those areas with the greatest geographic access to outlets, regardless of licence type and category, recorded the highest incidences of violent crime, with incidence of violent crime decreasing in areas where travel distances to outlets increased. Researchers also note that areas with the highest rates of violent offences also had the highest level of social deprivation.

Day P, Breetzke G, Kingham S & Campbell M. Close proximity to alcohol outlets is associated with increased violent crimes in New Zealand. Australian and New Zealand Journal of Public Health. 2012; 36(1):48-54.

Binge drinking and alcohol-related behaviours amongst Pacific youth: a national survey of secondary school students

This New Zealand study aimed to describe the demographic, cultural, home and neighbourhood environments of Pacific non-binge and binge drinkers to develop risk and protective profiles for alcohol related behaviours. The researchers carried out an in-depth analysis of the data from the Youth'07 survey that included 974 Pacific students aged 13 to 17 from around the country. They identified 31.6% of students responding as binge drinkers; 47% of students said they consumed alcohol "to get drunk"; 45% said they drank "to relax"; 36% said they drank because of boredom and 23% said they did so "because my friends do". They also found that students who participated in sports teams or were connected to a sports club were more at risk of binge-drinking. Students living in the most deprived neighbourhood were less likely to binge drink than those living in least or medium deprived areas. One in 4 students experienced alcohol-related harm particularly doing things that could get them into trouble (29%), having unsafe sex (28%) and getting an injury as a result of their drinking (25%); 19% had caused an injury to someone else and 5% experienced a car crash due to their alcohol use.

Age, cultural factors (such as parent's use of a Pacific language), and home factors pertaining to parental knowledge of the students whereabouts after-school and at night time were found to be protective factors associated with binge drinking.

Teevale T, Robinson E, Duffy S, et al. Binge drinking and alcohol-related behaviours amongst Pacific youth: a national survey of secondary students. The New Zealand Medical Journal. 2012; 125(1352): 60-70.

Alcohol Healthwatch updates

We have welcomed Valerie Teraitua to our team as Community Action Project Co-ordinator in Mangere.

Valerie has a background in youth and social work and injury prevention.

She can be contacted at valerie@ahw.org.nz or 09 913 7548.

Coming Events

National Indigenous Drug and Alcohol Committee (NIDAC) Conference:

Beyond 2012: Leading the Way to Action

6th – 8th June 2012, Esplanade Hotel, Freemantle, Western Australia

www.nidaconference.com.au

Public Health Association Conference:

"Equity from the start – valuing our children".

Wellington 3-5 September 2012.

<http://conference.pha.org.nz>



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Disclaimer: The views in this newsletter do not necessarily reflect those of Alcohol Healthwatch Trust. This newsletter is funded by the Ministry of Health