

Greetings readers,

Local Alcohol Policies are a hot topic across the country and we've made it a key feature of this edition. We include a brief update on what's happening where, and provide our advice for the main components of an effective LAP.

Happy reading!

Local Alcohol Policies

First a quick recap... The Sale and Supply of Alcohol Act 2012 allows Territorial Authorities to develop a local alcohol policy (LAP). A LAP can only cover matters relating to licensing, such as the location of licensed premises, whether or not further licences can be issued, maximum trading hours, licence types and discretionary conditions and one-way door restrictions.

A number of Territorial Authorities throughout New Zealand have already released their draft policies and are at varying stages of the public consultation process. Of the larger centres, both Christchurch City Council and Wellington City Council have completed their public hearings and are now determining the content of their provisional policies.

As many may have predicted, two polarised views have been expressed through the consultation processes.

Industry voices are promoting that any controls will be a loss of freedom and the focus should be on personal responsibility and police enforcement. The same old arguments in support of this coming through, such as if restrictive measures are put in place businesses will fail, and the majority should not be punished for the problems of a few...

In contrast public health and enforcement voices are consistently emphasising that the object of the new legislation is to reduce alcohol-related harm, and the evidence for restricting the number of outlets through density control mechanisms and restricting trading hours of licensed premises.

Alcohol Healthwatch is concerned that LAPs are being diverted from their core purpose. For example the Christchurch draft LAP included an objective of facilitating the return of late night venues to the CBD. This objective would seem contrary to the purpose and intent of the LAPs.

Councils must ensure that their LAPs are in fact used for the purposes of enabling greater public input into local licensing decisions and reducing alcohol-related harm. In doing so they will have to ensure the processes are not unduly influenced by vested interest groups.

Keep Calm - Reduce the Harm

In May Alcohol Healthwatch hosted one of its regional alcohol forums, in conjunction with Hapai Te Hauora Tapui.

Local Alcohol Policies were the focus of the forum. Over 100 people attended, representing a wide range of sectors including enforcement, public health, community safety, injury prevention and the community.

The forum represented a starting point for a wider programme of work focussed on making the most of the new liquor laws, and in particular achieving effective Local Alcohol Policies in New Zealand.

We will be providing updates on this programme of work through our newsletters and other communications.

FASD Awareness Day 2013

On 9th of September at 9.09am, communities across New Zealand marked the World Fetal Alcohol Spectrum Disorder (FASD) Awareness day.

In Auckland, Alcohol Healthwatch hosted a 'BreakFASD' event which featured a stimulating presentation on '*FASD Evidence and Practice in New Zealand's Health System: What we know and are doing differently*'.

The official launch of FASD-CAN Inc, a new Care Action Network for families living with FASD, took place during the event, and the exciting new FASD education partnership between Alcohol Healthwatch and early childhood education organisation, Footsteps Poutama was announced.

Upcoming FASD Conference

Alcohol Healthwatch is proud to support the Australasian Fetal Alcohol Spectrum Disorders Conference taking place in Brisbane on 19th-20th November 2013.

In addition to the plenary speakers - including Auckland Youth Court Judge Tony Fitzgerald, more than 60 concurrent papers will be presented over the 2 days covering the multiple aspects of FASD.

Registrations are now open. For details please visit www.fan.org.nz.

Opinion Piece- Health for Sale

By Rebecca Williams

Round 18 of negotiations on the Trans-Pacific Partnership Agreement (TPPA) was recently held in Malaysia. During these discussions text regarding alcohol warning labelling was considered. This has serious implications for public health in New Zealand.

Public health experts have been calling for labelling on all alcohol containers for years to

ensure that consumers have the real facts about the risks they are taking.

A New Zealand application for labels warning of the risks of consuming alcohol during pregnancy, first made in 2006, remains undecided following delay after delay. In December 2011 the alcohol industry were given 2 years to voluntarily introduce labels. Both New Zealand and Australian governments are undertaking a review of their efforts.

Best practice for health warnings require them to be mandatory, prominently placed, have horizontal orientation, include both text and graphics, cover a specified percentage of the label and have rotating warnings. However, an independent audit undertaken in Australia showed that alcohol industry voluntary efforts were totally inadequate. The audit* of 250 products in Australia found that:

- Only 16% carried the industry 'consumer information' messages.
- 98% of the messages took up less than 5% of the label; many were only 1-2% of the label.
- Of products carrying the industry label most (59%) were at the back of the product.
- The labels were inconsistent and lacked uniformity.
- Most labels simply referred consumers to an industry website to "get the facts".

Research released recently shows that breast cancer is the leading cause of alcohol-related death for women, and road traffic injuries for men in New Zealand. We must be in a position to provide accurate advice to consumers of these and other risks.

This is a matter of health and must be determined on this basis. Any limits placed on labelling by trade interests will go against the public health interests of New Zealanders.

*www.fare.org.au

Alcohol-attributable Burden of Disease and Injury

A new report on the alcohol-attributable burden of disease and injury in New Zealand shows the considerable damage alcohol does to health. It estimates that there were 802 alcohol-related deaths of people under 80 years old in 2007 alone.

The report findings paint a bleak picture and once again confirm that our country's drinking culture is taking a considerable toll on life and health. It found that in 2007, 1 in 20 deaths in New Zealand were attributable to alcohol. Injury is shown to be the leading cause of alcohol-related deaths for those aged 15 – 44 years, whereas chronic diseases such as cancer are the leading cause of alcohol-related death in those aged 45 – 79 years.

Road traffic injuries are the leading cause of alcohol-related death for both Māori and non Māori men, with other injuries, alcoholic liver cirrhosis and drowning also included in the top five causes of alcohol-related death for men.

Breast cancer is the leading cause of alcohol-related death for both Māori and non Māori women, with injuries, alcoholic liver cirrhosis, heart disease and other cancers included in the leading causes of alcohol-related death for women.

Alcohol use disorders are the biggest contributor to alcohol-related disability for both men and women.

The report's authors, including Professor Jennie Connor and Robyn Kydd from the University of Otago, warn that there are no health benefits from drinking before middle age, and that the health burden falls inequitably on Māori.

Ref: Connor, J., et al. (2013) *Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007*. Research report commissioned by the Health Promotion Agency. Wellington: Health Promotion Agency. Available at www.hpa.org.nz

Youth'12 Survey Report

The Youth'12 report was also released recently. Auckland University's Adolescent Health Research Group surveyed 8500 students in 91 secondary schools across New Zealand.

The report reveals that drinking and binge drinking, along with smoking, dangerous driving and violence and abuse among young people have decreased (when compared to the previous two surveys). While this is good news indeed, some caution is needed.

The report gives valuable insight into the health and wellbeing of young people, however the study was conducted among young people attending secondary school. Young people not engaged in education are therefore excluded from the study, so data on a particularly vulnerable group of young people is not included.

Wider economic influences could also be a factor.

A snapshot of the key alcohol-related results is given below (and compared to the 2007 survey):

Findings	2012	2007
Ever tried alcohol	57%	71.6%
Binge drinking in the last four weeks (5 or more alcoholic drinks within a 4 hour session)	23%	34.4%
Currently using alcohol	45%	60.6%
Among current drinkers, use of alcohol in the last 4 weeks	69%	57%
Alcohol-related problems among current drinkers		
Unsafe sex	12%	14.4%
Injuries	15%	22%
Told to cut down on alcohol consumption by friends/family	11%	16%

The survey also found that

- 29.1% of girls harmed themselves deliberately in the year before the survey, up from 26% in 2007. Among boys, 17.9% reported harming themselves, up from 15.5% in 2007.
- 69% of youth were worried that their parents did not have enough money for food.
- The percentage of young people with good or very good emotional wellbeing remained consistent between 2007 and 2012 (78.5% in 2007 and 76.2% in 2012).

Ref: Clark, T.C., et al. (2013). *Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland.

The Impacts of Alcohol Outlet Density in the North Island of New Zealand

This study is an extension of the Manukau study released in 2011 and considered the effects of alcohol-outlet density (clubs, bars, nightclubs, supermarkets, grocery stores and other off-licences) on traffic crashes, violence and disorder across the North Island.

The study commissioned by Health Promotion Agency and undertaken by researchers from Waikato University found that the effect of outlet density differed from city to city and within cities.

In summary, the study found that bar and nightclub density was the outlet density that had the largest absolute relationship with police events and motor vehicle accidents, and was significantly associated with motor vehicle accidents and all categories of police event.

The density of licensed supermarkets and grocery stores generally had significant effects on police call outs.

Off-licence density was positively associated with dishonesty offences and motor vehicle accidents.

For instance, the study found that each bar and night club in South Auckland resulted in 9-13 more violent offences compared to 4-5 more in eastern suburbs. And in the Wellington region, each additional bar or nightclub was associated with about 5.3 additional violent offences per year.

Ref: Cameron, M.P., et al. (2013). *The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011*. Research report commissioned by the Health Promotion Agency. Wellington: Health Promotion Agency.

Coming Events

Save the date: Alcohol Healthwatch and Health Promotion Agency are co-hosting an Alcohol Forum featuring presentations from Assoc. Prof. Peter Miller, Deakin University, Australia, and Dr Michael Cameron, University of Waikato.

8th November, 2013, Auckland. More details will follow shortly. For details see www.ahw.org.nz

Global Alcohol Policy Conference 2013

7th-9th October 2013, Seoul, Korea.

For details see www.gapc2013.com

Australasian Fetal Alcohol Spectrum Disorders Conference

19th-20th November 2013, Brisbane, Australia.

For details see www.phaa.net.au



Produced by:

Alcohol Healthwatch Trust

P O Box 99 407

Newmarket, Auckland

Ph: (09) 520 7036 Fax: (09) 520 7175

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