

Greetings readers,

We do apologise for the gap in publication of our newsletters this year. We hope you enjoy a bumper read as we catch-up, including a special feature on FASD.

## Alcohol and Cancer

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The first conclusive links between alcohol and cancer were established back in 1988 by the World Health Organization's International Agency for Research on Cancer (IARC). Since then a growing body of scientific evidence has emerged showing just how strong the correlation between alcohol use and cancer risks is.

Late last year the Cancer Society of New Zealand published their revised Position Statement on Alcohol and Cancer Risk to reflect this evidence. It notes that the volume of alcohol consumed over one's lifetime, even if consumed in moderation, contributes to the risk of developing cancer.

The research confirms a dose response relationship with cancer risk. There is no 'safe' level of consumption.

It is estimated that around 30% of all alcohol-related deaths in New Zealand were due to cancer. Breast cancer is the leading cause of alcohol-related deaths for women – both Māori and non-Māori.

Overseas studies show that public awareness about these risks is relatively low. In Europe for instance, only 36% of EU citizens are aware of the link between alcohol and cancer. Closer to home in Victoria (Australia) a 2010 survey found 24% of participants knew of this association. The level of public awareness in New Zealand is unknown, however we suspect it is low.

This year *Alcohol and Cancer* was the theme for Alcohol Action New Zealand's annual conference. They partnered with the Cancer Society to present a range of speakers and discussions to highlight this issue. The conference was held at Te Papa, Wellington on Wednesday 17<sup>th</sup> June.

You can find the presentations and more at [www.alcoholaction.co.nz](http://www.alcoholaction.co.nz)

Cancer, along with cardiovascular diseases, chronic respiratory diseases and diabetes, are the four main types of non-communicable diseases (NCDs). These diseases are responsible for more than half of the all deaths worldwide. These diseases remain the leading cause of death and health inequalities in New Zealand.

The World Health Organisation has recognised alcohol as a significant risk factor for NCDs.

In February this year, the Heart Foundation of New Zealand presented a briefing paper on alcohol and NCDs to the Minister of Health.

The paper was written by Emeritus Professor Robert Beaglehole with input from the keynote speakers and group facilitators at a symposiums hosted by the Heart Foundation in November 2014. The paper includes suggested NCD targets and pragmatic actions to achieve them.

In addition it recommends the development of a multi-sector group appointed by the Minister to monitor progress.

For more details see:

[www.cancernz.org.nz](http://www.cancernz.org.nz)

[www.heartfoundation.org.nz](http://www.heartfoundation.org.nz)

## Alcohol and Violence

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Three reports released recently highlight the link between alcohol and violence, including family violence, intimate partner violence and child maltreatment.

*'What works: reducing the impact of alcohol on family violence'* was released earlier this year by Social Policy Evaluation and Research Unit (Superu, formerly The Families Commission). This paper is based on a literature review undertaken by SHORE & Whāriki Research Centre, Massey University.

The paper highlights the role alcohol plays in family violence – particularly in relation to intimate partner violence (IPV) and child maltreatment. It notes that alcohol use has an independent relationship with IPV over and above the effect of other key factors such as partners' aggressive tendencies. It also notes that alcohol can escalate aggressive incidents between intimate partners; that women experience more severe outcomes of intimate partner violence when alcohol is involved; that child maltreatment is associated with alcohol use by carers; and that heavy alcohol use by carers is related to more severe child maltreatment outcomes. Both intimate partner violence and child maltreatment are related to the density of alcohol outlets in the area.

<http://www.superu.govt.nz/publication/what-works-reducing-impact-alcohol-family-violence>;

The *Glenn Inquiry's* final report - *The People's Blueprint* was released late last year. This report also identifies alcohol as a significant contributor to family violence and child neglect in New Zealand.

The report also discusses the use of alcohol and drugs by perpetrators as a form of control over their victims, whether they were children or adults. Alcohol use was also recognised as a mechanism to cope with the effects of violence. Accessibility and availability of alcohol was identified as a factor affecting violence.

<https://glenninquiry.org.nz/the-peoples-blueprint>;

*The Global Status Report on Violence Prevention* also released late last year, was the first report of its kind. It reflects data from 133 countries, and assesses national efforts to address interpersonal violence, namely child maltreatment, youth violence, intimate partner and sexual violence, and elder abuse.

The report was jointly published by the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the UN Office on Drugs and Crime (UNODC).

The report identifies alcohol as a cross-cutting risk factor in multiple types of violence perpetration, and its use as self-medication and coping mechanism by those who have experienced or are experiencing violence. For example, women exposed to intimate partner violence are twice as likely to have alcohol use disorders as women who have not experienced such violence. Similarly, women who experienced non-partner sexual violence are 2.3 times more likely to have alcohol use disorders than those who have not.

The report reveals gaps in global violence prevention that must be filled. These include gaps in knowledge about the extent of the problem; in the quality and reach of prevention programmes; in access to services for victims; in the enforcement of existing laws; and in mechanisms to coordinate multi-sectoral work.

The report notes that New Zealand has no national prevalence surveys for non-fatal intimate partner and sexual violence, child maltreatment and elder abuse, and data on youth violence available at only sub-national levels. This compares poorly with other high income countries such as Australia and United Kingdom who have national prevalence surveys for all the above types of non-fatal violence.

[http://www.who.int/violence\\_injury\\_prevention/violence/status\\_report/2014/en/](http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/)

All three reports identify ways to address alcohol-related violence. *The Glenn Inquiry* called for the full implementation of the Law Commission's recommendations on alcohol.

'*What Works*' discusses a range of population level policies and targeted interventions that hold promise for reducing alcohol-related violence. It emphasises that integrating effective alcohol and family violence strategies may help reduce alcohol-related family violence.

*The Global Status Report on Violence Prevention* presents a range of strategies for preventing violence and improving response efforts; including recommending that laws designed to reduce access to, and misuse of alcohol be more widely implemented and enacted, and resources to do so developed.

## LAPs – Learning as we go.

A growing number of Provisional Local Alcohol Policy (PLAP) appeals have been dealt with by the Alcohol Licensing Regulatory Authority (ARLA). These include Tasman, Wellington, Waimakariri, Thames-Coromandel, Tauranga and Western Bay of Plenty.

Trading hours have been the main focus of PLAP appeals to date.

Each appeal decision has added to our knowledge and understanding about the appeal process and the interpretation of the Sale and Supply of Alcohol Act 2012 in relation to LAPs.

Firstly there is insight into what is considered *unreasonable* in light of the object of the Act. ARLA decisions indicate that the onus is on the appellant to prove that an element is unreasonable.

Territorial Authority's are encouraged to provide reasons for each element of the policy.

If the reasoning of the territorial authority shows that it has carefully weighed concerns of submitters as to the effects of the policies upon them and the general community, against the minimisation of alcohol-related harm in the locality, then it is unlikely that the Authority will determine that the PLAP is unreasonable in the light of the object of the Act.

Other things we can learn from the decisions to date include;

- The LAP should be a '*relatively short and clear expression of the policies*'. There is no provision for it to contain '*any matters extraneous to licensing*'.
- The LAP is a stand-alone document. There are no provisions for additional documents (which have not been consulted on) to support its implementation.
- The PLAP should not cover matters outside the ambit of the Act. For example ARLA expressed concern about Wellington's PLAP which included '*the promotion of a dynamic night time economy, the creation of a safe and welcoming city, and the building of an accessible city*' in its '*strategic setting*'.
- The territorial authority does not need to be sure that a particular element of its PLAP will minimise alcohol-related harm. A *precautionary approach* may be used provided it is evidentially based.
- While international and national evidence is useful, local evidence is most relevant.
- Discretionary conditions are just that - "discretionary"; they are for the District Licensing Committee (DLC) to consider imposing.

Local Government New Zealand has produced a Guide on Local Alcohol Policies for councils. This talks more about these matters.

<http://www.lgnz.co.nz/assets/KnowHow-pdf-documents/LAP-KnowHow-Guidance-v11-FINAL-at-3.6.15.pdf>

Ruapehu District has been the only Territorial Authority to avoid an appeal on their PLAP. It, along with Waimakariri and Tasman Districts are the only areas with a LAP currently in place.

ARLA heard appeals on Waipa District, Matamata-Piako, Waitomo and Otorohanga PLAPs in Hamilton in June. As with most of the other PLAP appeals the appellants were alcohol or supermarket industry organisations.

Following the decision on its PLAP appeals, Wellington Council has indicated it will not be re-submitting an amended Policy until February 2016.

Meanwhile a number of PLAP appeals are stacked and racked awaiting hearings.

Auckland Council has recently joined the queue. Nine appeals have been lodged against its PLAP. These include appeals by Auckland Regional Public Health Service, NZ Police, and Takapuna Central Residents Group. The remaining appellants are alcohol or supermarkets interests.

Christchurch, Dunedin and Wairarapa are among a number of other districts who have recently notified their Provisional LAPs or are awaiting hearing dates.

Whangarei District's Draft LAP is currently out for public consultation. Submissions are due by the 10 July 2015.

## Watch this space....

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While we are unable to shed much light on the details, there are a number of national policy and planning matters on the horizon.

An updated **National Drug Policy** is due for release shortly.

We are also awaiting the release of Government's response to the **Ministerial Forum's report and recommendations on alcohol advertising and sponsorship**.

The Ministry of Health is leading work on a plan to address **Fetal Alcohol Spectrum**

**Disorders (FASD)**. This was recommended by the Health Select Committee in 2013, and agreed to by Government in February 2014. We are aware of some progress being made.

## Alcohol Healthwatch Update

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In April we bid a fond but sad farewell to Health Promotion Advisor Amy Robinson. Amy has made her mark in the sector and achieved much in her four years with us.

Amy has taken a new role at Auckland Regional Public Health Service. While we will miss Amy's knowledge, expertise and great sense of humour, we wish her well in her new role.

We have now welcomed Esther U to our team. Esther comes to us with broad knowledge and experience from the tobacco control area. She looks forward to getting to know the alcohol issue and those working in the area.

## Coming Events

**Public Health Association Annual Conference** - *"Healthy people, healthy nation: Public health is everybody's business"*

7-9 September 2015, Dunedin.

[www.pha.org.nz](http://www.pha.org.nz)

**Global Alcohol Policy Conference**

7-9 October 2015, Edinburgh, Scotland.

[www.gapc2015.com](http://www.gapc2015.com)



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