

Time for a change

Kia ora and welcome to the latest and last edition of *News and Views*. We're excited to announce we will soon be transitioning to a new look e-news format in the New Year. We'll also be producing a hard copy magazine style publication from time to time to cover issues in more detail. You can check or change your subscription to these publications by emailing ahw@ahw.org.nz.

Advance – Empower – Engage

Refreshing our newsletter and communications approach is just one area we have been working on. We've also been reviewing our progress as an organisation and consolidating our strategic direction for the next five years. We are pleased to share the strategic framework from our new Strategic Plan July 2016 – June 2021 *Advance – Empower – Engage*.

Our Strategic Framework

Vision: Alcohol-free or low risk drinking choices are accepted social norms in Aotearoa New Zealand

Mission: To reduce alcohol-related harm and inequities

Operational themes

THEMES	
1) Advance public policy	Take direct action and support others to achieve evidence based/informed policies, with a focus on increasing retail price, reducing availability and accessibility of alcohol and reducing exposure to alcohol marketing.
2) Enable best/innovative practice	Support or lead collaborative planning, and otherwise build capacity and capability more effectively to implement existing evidence-based policy and legislation; increase uptake of best practice interventions; and develop and promote innovative practice.
3) Empower communities	Utilise knowledge, technology and communication strategies to build awareness, knowledge, skills and connections to support communities and families/whanau to take action to address alcohol issues, and to engage and influence decision-making on alcohol.
4) Engage to achieve equity	Actively engage and pursue partnerships with Māori, and priority populations to encourage and enable participation and influence in decision-making on alcohol issues, to honour the Treaty of Waitangi, and reduce the alcohol-related burden on those who experience inequitable rates of harm.
5) Enhance our evidence base	Identify knowledge and system gaps and promote and/or take opportunities to build research and information capacity to better understand and report on alcohol-related harm and impact of interventions, and systems to share knowledge.
6) Energise the conversation	Develop our communications capacity and approach, making better use of both traditional and innovative approaches to reframe the public discourse on alcohol towards better understanding the risks associated with consumption, exposing the role of the alcohol industry and building support for evidence-based solutions.

Local Alcohol Policy process not working

The Sale and Supply of Alcohol Act 2012 came into effect in 2013. It promised communities increased input into decisions around the availability and accessibility of alcohol. It allows each territorial authority to develop its own Local Alcohol Policy (LAP) which means issues such as trading hours and the location and density of alcohol outlets can be determined by communities.

After all it is communities that bear the major burden of harm related to alcohol consumption, but up until recently they have had little control over its local availability. Allowing territorial authorities to make local policies also mean decisions can be appropriately tailored to local factors which give rise to regional variation in alcohol consumption and harm.

However, a new Alcohol Healthwatch report by alcohol researcher Nicki Jackson, released 15 December, shows that the legislation is struggling to deliver on these promises.

LAP development goes through several stages. First a draft LAP is produced which is open for public consultation. A Provisional LAP is then produced on the basis of the feedback from the consultation process. The Provisional LAP is notified and is subject to appeals – the adjudication of which are overseen by the Alcohol Regulatory Licensing Authority (ARLA).

Our review aimed to measure the progress of LAP development across New Zealand's territorial authorities given the process has had some time to show results. One thing it examines in particular is whether policy elements became more or less restrictive as a result of the public consultation and appeal processes.

The report's findings are not encouraging, and not good news for communities whose wishes

have been watered down or entirely removed after appeals by those with a commercial interest in alcohol. The report exposes how the policy process is being used to ensure that Local Alcohol Policies move very little if at all from the default positions in the Sale and Supply of Alcohol Act.

As of July 2016 there were 31 Provisional LAPS in place across the country. Thirty of these were appealed, more than half of these appeals came from Progressive Enterprises, Foodstuffs and Super Liquor Holdings.

Over the course of policy development 165 substantive changes to policies were made, with 71 percent of these changes resulting in less restrictive provisions – all of these from appeals. Twelve LAPS have been fully adopted, but none of these made it through with provisions which reduce the overall density of premises through restricting further issuing of licences.

The average duration of trading hours for off-licences (now 14.9 hours) was found to have increased for both bottle stores and supermarkets from the Provisional to Revised Provisional or adopted LAP stage. Also, many discretionary conditions (such as those allowing for one-way door policies or restricting the strength of beverages sold) were removed.

The appeals process itself raises many issues. You can only lodge or be party to an appeal if you made a submission on the Draft LAP. Community stakeholders may not realise this, or the importance of making a submission even if you support the Draft LAP.

There is also a \$517.50 fee required for lodging an appeal which is likely to pose a financial barrier for some community members or groups.

Overall the report's findings highlight the inherent complex politics around alcohol policy formulation within local government. The focus on individual policy elements

results in a reductionist approach to development, rather than seeing the policy as a package of evidence-based measures to reduce harm. The trend for less restrictive measures included in policies as they progress through the stages of development signals the increasing gap between community expectations for greater control and the reality of the LAP legal process.

There are some other implications. For example, the lack of density provisions in adopted policies further compound existing health inequities faced by Māori, Pacific peoples and those with low socio-economic status. These groups suffer the greatest negative impact from the high density of alcohol outlets.

Without strong Local Alcohol Policies communities are left in the hands of their District Licensing Committees (DLCs), operating within the default provisions of the Act. Unfortunately we are seeing many communities come away disappointed and disillusioned from their engagement with their local DLCs.

This continuing burden on communities to be engaged in individual licensing applications is also likely to further reduce levels of trust and future participation in the policy-making processes.

The report, *A review of Territorial Authority progress towards Local Alcohol Policy development*, is available on the Alcohol Healthwatch website.

New research on the impact of trading hours

New research published in September 2016 in *Public Health Research and Practice* looks at the relationship between trading hours and alcohol-related harm.

“Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005-2015” is a meta-analysis by Claire Wilkinson, Michael Livingston and Robin Room of the Centre for Alcohol Policy Research at La Trobe University in Melbourne. It’s a systematic review of 21 studies, including seven from Australia which were its primary focus.

The study concluded that the Australian studies were well-designed and robust, and that they demonstrate that reducing the hours during which on-premise alcohol outlets can sell alcohol late at night can substantially reduce rates of violence.

Importantly and conversely, it found that increasing trading hours tends to result in higher rates of harm, further strengthening evidence for the relationship between trading hours and the negative effects of alcohol.

Some of the specific findings include a 37 percent reduction in assaults in Newcastle, New South Wales and a similar 26-32 percent reduction in King’s Cross, Sydney after reduced trading hours were introduced. Norwegian research from 2012 found that each one-hour change in trading hours (either way) resulted in a 16 percent change in recorded assaults.

The study concludes that the evidence for the effectiveness of reduced trading hours is strong enough to consider restrictions on late trading hours as a key approach to reducing late night violence.

“Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005-2015” can be accessed online at <http://bit.ly/2f6QKqo>.

A health promoter's tale; reflecting on 20 years of work

Christine Rogan reflects on 20 years of health promotion for Alcohol Healthwatch addressing the public health issue of drinking during pregnancy and its downstream effects on children.

How does one summarise 20 years of work in a few short sentences? Some may view such longevity as 'past the use by date', but most who work in public health know health promotion requires the 'Expanded Pantene Approach'; 'It won't happen over a decade but it will happen'.

It all seemed so simple when I started... Raise awareness about alcohol harms to unborn babies and watch prevention happen. How could anyone ignore a simple equation like 'alcohol + pregnancy = brain damaged babies'? The reality turned out to be a much more challenging – like a battle between the informed and the unwilling.

We know about the political forces at play that put profits ahead of people and damn the evidence, but that's only part of the story. Public health struggles to be heard in a health system geared up to treat illness, so if public health is marginalised, addressing alcohol-related harm is on the margin of the marginal.

My first effort was to achieve a consensus on advising women not to drink during pregnancy. It took eight years for that advice to be added to the Ministry of Health guidelines.

My next big push was to petition Government to mandate alcohol and pregnancy warnings on products and at point of sale. The evidence of harm to unborn babies was unequivocal and who could argue the consumer's right to product information? Unfortunately, after multiple attempts this remains a 'not-achieved' public health measure in my workbook.

Instead governments here and in Australia opted for a limp wristed, virtually invisible

industry-led attempt to inform consumers. This is the equivalent of leaving the Zika Virus eradication programme up to the mosquitos (both cause prenatal brain damage in case you didn't see the connection).

That is one side of alcohol public health at work; slow, painful and at times verging on non-existent. Another side motivates me much more; the people I encounter and the relationships forged; the courageous families living with FASD; the dedicated professionals who recognise action is worth their best efforts; my colleagues and the Board at Alcohol Healthwatch who have my back; and the international colleagues who consider us part of a global family. Together we began to move mountains.

Ironically, the breakthrough to having Fetal Alcohol Spectrum Disorder (FASD) taken seriously in New Zealand came not through Health or Politics, but through Justice. International evidence was mounting about FASD affecting a disproportionate number of kids standing bewildered and misunderstood in our courtrooms and our Youth Court Judges 'got it' and helped us to do something about it. Young people who would ordinarily have been considered non-compliant, hopeless recidivists began to be recognised as kids doing their best with little capacity to understand or change their behaviour.

So we found a way to establish and build a proper diagnostic process which is pivotal for the future welfare of the affected person and a beacon of light for those supporting them. Importantly, shifting FASD from the margins to the mainstream was increasing prevention efforts.

After years of striving, the Government is finally taking steps to catch up. There are now promising signs of FASD policy flowing that will support collective efforts and move FASD prevention and treatment from strength to strength and we discuss some of them in this newsletter. I am very grateful things have

progressed to this stage and humbled to think I have played a useful part along the way.

So much so that I find myself asking, 'How can I possibly stop now?'

FASD Action Plan launched

Alcohol Healthwatch is delighted that the Government launched *Taking Action on Fetal Alcohol Spectrum Disorder: 2016-2019* on 16 August 2016. This 'action plan' comes after many years of hard work by organisations such as ourselves, Fostering Kids New Zealand and FASD-CAN to raise awareness and engender better support for people with FASD and their families. It has often been an uphill struggle.

FASD is a brain-based neuro-disability caused by exposure to alcohol during pregnancy. It disrupts normal development and there is no cure so its effects last a lifetime. The Ministry of Health estimates FASD affects one in every 100 children in New Zealand and the Government conservatively estimates that it costs us \$800 million annually.

There is much that is good in the plan. It acknowledges that improved co-ordination between services is required to improve outcomes and support for those affected; that public and professional awareness around FASD must be raised; and that professionals dealing with FASD must be better trained and equipped.

It also acknowledges that we need to have better evidence and to build a New Zealand research base so we can better understand FASD. A first step under the plan will be an incidence study to investigate the neuro-development of a representative cohort of children.

At the launch in Wellington Associate Health Minister Hon Peter Dunne said, "The Action Plan prioritises prevention and makes it clear that we all have a responsibility to support

families and whānau to have healthy, alcohol-free pregnancies."

We wholeheartedly agree. However, women's consumption of alcohol is very much influenced by the wider environment and our culture is awash with risky drinking and excessive consumption. New Zealand cannot expect to prevent FASD effectively without addressing the factors that contribute to risky drinking. These include prolific alcohol marketing and its cheap and easy accessibility. Unfortunately the plan is silent on these things.

Nevertheless, the plan is an excellent start. What we need now is a true commitment from Government to the necessary investment to implement the plan effectively and break down the systemic barriers that have stood in the way of progress on this issue at both individual and societal levels.

The plan is available online at the Ministry of Health website: <http://bit.ly/2i7nnJy>.

Fast liquor?

The place of alcohol in fast food restaurants in New Zealand was the subject of lively debate in 2016. In October last year, a Christchurch Wendy's became the first of our large fast food restaurants to apply for an on-licence. Unsurprisingly, community groups, local politicians, and regulatory agencies were unified in their concern about the harm that could result from the granting of such a licence.

Many opponents believed that the application represented the "thin end of the wedge", not only because it would likely result in increased harm to the Hornby community, but also because it would set a dangerous precedent for other fast food restaurants around the country.

Restaurants are not benign in their role in alcohol consumption and related-harm. An accumulating body of New Zealand evidence

reveals significant associations between high restaurant densities and a range of alcohol-related harms in the local neighbourhood and surrounding areas. Research in Australia also points to their role in adolescent alcohol use, self-purchasing of alcohol, and parental alcohol supply.

In 2010, the Law Commission raised concerns about fast food outlets and recommended that the law should expressly prohibit certain takeaway outlets from being eligible for an off-licence. This argument centred on the risk of outlet proliferation and the likelihood that fast food outlets are frequented by unsupervised minors.

These arguments could be equally applied to on-licence eligibility. Fast food outlets are everywhere in New Zealand and over 60 percent of urban schools in New Zealand are located within 800m of one.¹ Unsurprisingly then, fast food is the one of the most frequently made purchases by New Zealand adolescents.²

In Aotearoa New Zealand, we've finally closed the door on exposing young people to alcohol in dairies. We now must remain unified in our approach to prohibit the opening of another door leading to increased exposure to alcohol and an inappropriate assessment of the place of alcohol in daily life.

Beyond the harmful effects to adolescents, takeaway outlets with on-licences would also have significant ramifications for health equity. As with alcohol outlets, multinational fast food restaurants are more likely to be found in deprived communities.³ An increase in fast food restaurants selling alcohol would therefore contravene the Object of the Sale and Supply of Alcohol Act 2012, and in particular,

breach the Crown's Treaty obligations to protect Māori health.

On 5 May 2016, only weeks before the hearing was scheduled, Wendy's withdrew its application. However, the restaurant chain has stated that it remains committed to serving alcohol in its restaurants in New Zealand. We and relevant authorities will need to continue to watch this space.

Is it right or is it wrong? What's happening with the Ministerial Forum?

Readers may remember that in early 2014 the Government established the Ministerial Forum on Alcohol Advertising and Sponsorship. Its purpose was to consider whether further restrictions on alcohol advertising and sponsorship are needed to reduce alcohol-related harm. The Forum provided its report, including 14 strong recommendations, to Government in October 2014.

At the time Justice Minister Amy Adams said officials would consider the recommendations and report back by the middle of 2015. However, 2016 is now drawing to a close and we have heard nothing from the Government beyond a deafening silence.

The forum was chaired by Rugby League Legend Graham Lowe who told the *Dominion Post* in July this year that he was "deeply saddened" by this silence. We share this sadness and Lowe's concerns about the "brainwashing effect" exposure to alcohol advertising and sponsorship in sport has on

1. Vandevijvere, S., Sushil, Z., Exeter, D.J. & Swinburn, B. (2016). Obesogenic retail food environments around New Zealand schools: a national study. *American Journal of Preventive Medicine*. <http://dx.doi.org/10.1016/j.amepre.2016.03.013>.
2. Darling, H., Reeder, A.I., McGee, R. & Williams, S. (2006). Brief report: disposable income, and spending on fast food, alcohol, cigarettes, and gambling by New Zealand secondary school students. *Journal of Adolescence*, 29(5), 837-843.
3. Pearce, J., Blakely, T., Witten, K., & Bartie, P. (2007). Neighborhood deprivation and access to fast-food retailing: a national study. *American Journal of Preventive Medicine*, 32(5), 375-382.

children.

“The issue is the in-your-face big time sport where the heroes of the young are playing. That’s where the kids are influenced by it,” he told the *Dominion Post*.

And why the silence? Well, it’s all too complicated according to the Government. The same article quotes Associate Health Minister Peter Dunne as saying the Government hasn’t responded because Ministers are still considering the most appropriate measures to take.

“It is not a straightforward issue as it requires multi-agency consultation and input from Justice, Health, SportNZ etc,” he said.

Justice Minister Amy Adams says pretty much the same thing, describing the report’s recommendations as “sweeping” with “far-reaching impacts for grassroots sports clubs”. She also said further work needed to be done to fully understand the implications of the recommendations. And of course the alcohol industry has been quick to agree. The article quotes Brewer’s Association spokesperson Kevin Sinnot who warns that any advertising and sponsorship ban would have a detrimental effect on sporting and cultural organisations as well as on the economy!

We’re not sure we agree. As School of Sport and Recreation Associate Professor Geoff Dickson says, the vast majority of alcohol sponsorship is invested in elite and professional sport.

“It is difficult to see how any bans will impact negatively on junior or non-elite sport. When calculating the impact we must remember that replacement sponsors will be found,” he said

And indeed they will. We note that the New Zealand Rugby League is functioning perfectly well despite having made the “positive choice” in 2014 to turn down all alcohol sponsorship offers.

Instead we think the delay smells strongly of

alcohol industry rhetoric and obfuscation. And once again we have a situation where health and wellbeing play second fiddle to commercial and economic interests.

Graham Lowe said that during the review process the question he always had in his mind was, "Is it right or is it wrong to subject kids to alcohol advertising? I personally think it's wrong."

So do we!

Justice Minister Amy Adams says she expects the Government to present its position by the end of 2016. We hope she’s right and that action will finally begin towards phasing out all alcohol advertising and sponsorship from sport.

Just as a reminder, the Forum’s 14 recommendations can be summarised under five broad categories:

1. Reduce exposure of people younger than 18 to alcohol advertising and sponsorship
2. Restrictions on alcohol sponsorship
3. Restrictions on alcohol advertising
4. Address limitations in the current system of co-regulation
5. Improve the monitoring and complaints management of alcohol advertising and sponsorship

The Forum report is available at the Ministry of Health website: <http://bit.ly/2geYJFI>. The *Dominion Post* article featured in this story is available at: <http://bit.ly/2geWySB>.

Alcohol Healthwatch updates

After 16 years at the helm of the organisation, Alcohol Healthwatch Director Rebecca Williams is leaving. She and her husband are developing a new lifestyle in Northland.

Williams says that she has not lost her passion for the work and hopes to be able to continue to contribute in some way.

She says it has been the people she has worked with, her colleagues and Board members and those in the sector, that have kept her focussed and motivated during her tenure.

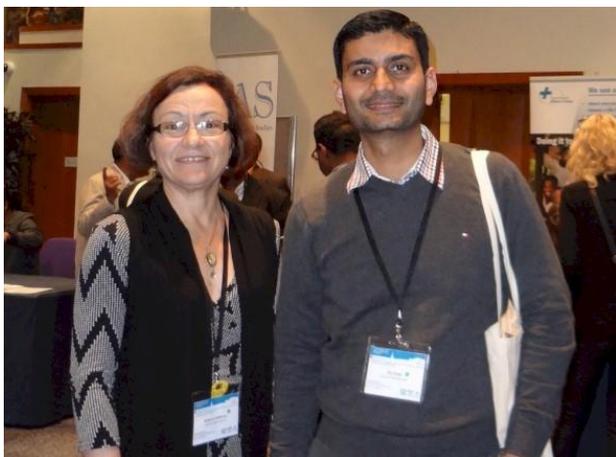
The Board and the team, while sad to see her go, wish Rebecca all the very best for her new venture.

In the meantime the Alcohol Healthwatch Board has undertaken a recruitment process to identify Rebecca's replacement and an announcement will be made shortly.

Earlier in 2016 we farewelled Health Promotion Advisor Raj Singh.

Raj had been at AHW for five years working to prevent alcohol-related harm particularly that associated with injuries and violence.

The organisation wishes to acknowledge Raj, and wishes him well in his new role at Waitemata District Health Board, Asian and New Migrant Health.



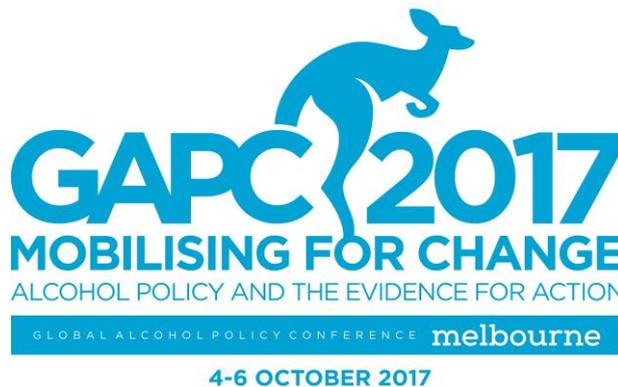
Rebecca Williams and Raj Singh

Upcoming events

International Conference on Fetal Alcohol Spectrum Disorder

1-4 March 2017

Vancouver, Canada



Alcohol Healthwatch wishes you all a joyful Christmas and a safe and happy New Year.

We look forward to continuing our collective efforts to reduce alcohol-related harm in 2017.

The Alcohol Healthwatch offices will be closed from 22 December 2016 and will reopen on Monday 9 January 2017.



Produced by:

Alcohol Healthwatch Trust
P O Box 99 407
Newmarket
Auckland
Ph: (09) 520 7036
Fax: (09) 520 7175

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