

# Alcohol Healthwatch

Whakatūpato Waipiro

## News+Views

*Kaua e rangiruatia te hāpai o te hoe,  
e kore tō tātou waka e ū ki uta*

*Do not lift the paddle out of unison  
or our canoe will never reach the shore*

### News

#### Our first e-news!

Welcome! My name is Dr. Nicki Jackson and I would take this opportunity to introduce myself as the new Executive Director. Starting in February, I have taken the reins from Rebecca Williams and aspire to continue the amazing path she has forged to reduce inequities in related harm.

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### News

#### AHW on social media

Feel free to join us on [Facebook](#) and [Twitter](#)

A new website linking to our social media is coming soon – watch this space...



## 18 Events

### **Parliamentary Drug Law Symposium 2017**

5-6 July, Wellington

<https://2017-parliamentary-drug-policy-symposium-healthy-drug-law.lilregie.com/step1>

### **Cutting Edge 2017**

*Addiction is everybody's business*

6-9 September, Wellington

<http://www.cmnzl.co.nz/cutting-edge-2017/>

### **Public Health Association Annual Conference**

*Valuing connections, connecting values*

2-4 October 2017, Christchurch

<http://www.conference.co.nz/phan217/home>

### **Global Alcohol Policy Conference**

*Mobilising for Change - Alcohol Policy and the evidence for action*

4-6 October 2017, Melbourne

<https://www.gapc2017.org.au/>

I am privileged to have worked with many of you over the past 10 or more years. Some of you are my former students from the time I was Programme Leader for the BHS (Health Science Promotion) degree at AUT University. Others are colleagues and stakeholders I had the pleasure of working with during my time as Project Manager of Alcohol and Tobacco Auckland Regional Public Health Service, overseeing regulatory and health promotion activities. It was during this role that the fire for alcohol harm reduction was lit in my heart – the field was complex and challenging and I had many opportunities to work across sectors and with communities. All I could ever ask for.

Following my time at ARPHS, I obtained a scholarship to pursue my PhD in Community Health at the University of Auckland. Completing a PhD had been a dream of mine since I was 15 years of age. My passion for the social determinants of health led me to study the role of neighbourhood deprivation, neighbourhood stigma, social cohesion and outlet density in adolescent alcohol use. After finishing my thesis, this amazing opportunity arose at Alcohol Healthwatch. Every day in my new role I am grateful for the opportunities to meet so many amazing and committed people working in the field and aspiring to make a real difference.

I sincerely hope I have the opportunity to meet each of you as we paddle together to reach our goals. If there is **anything** that I (or my amazing team) can do for you, don't hesitate to ask.

## News

### Introducing...

Kia ora! My name is Nathan Cowie, and I hit the ground running in April this year as the new Health Promotion Advisor with Alcohol Healthwatch. I have just returned from 3 years in the mountainous Japanese countryside where I was helping schoolkids learn English while they taught me Japanese (and other things like catching cicadas and dragonflies!).



I previously worked in tobacco control research at the University of Auckland where I helped to develop a culturally-salient group-based stop smoking competition, complete with website and apps. I also conducted a survey with Māori and Pacific smokers in the most deprived areas of South Auckland so that we could find out how people were responding to the tobacco tax increases – the results were very useful in informing advocacy campaigns around tax. My Masters of Public Health research was with parents in South Auckland, investigating their knowledge of smoking cessation treatments.

So far, at Alcohol Healthwatch I have been working on submissions to Draft Local Alcohol Policies around the country and developing our social media presence. I am looking forward to getting stuck into campaigns which increase the acceptability of evidence-based policies to reduce inequities in harm.

I look forward to the opportunity to make a difference in this important area of work. Hopefully, I will get the chance to meet many of you along the way.

## News

### Waipiro Treaty of Waitangi claim

The sale and supply of waipiro (alcohol) in Aotearoa/New Zealand is a key factor driving the significant health inequities between Māori and non-Māori.

Since our last newsletter we are excited to announce that a Treaty of Waitangi claim, made by David Ratu and the Turehou Māori Wardens ki Otara Charitable Trust, has been registered with the Waitangi Tribunal. This claim sits within the wider kaupapa inquiry (Wai 2575) relating to Health Services and Outcomes and cites that the principles of the Te Tiriti o Waitangi have been breached as a result of failure to enact and/or implement all of the recommendations made by the Law Commission as well as ensuring the Sale and Supply of Alcohol Act 2012 is consistent with Te Tiriti o Waitangi.

We congratulate David and his rōpū for their on-going commitment to reducing alcohol-related harm. Watch this space for future updates on this important claim.

## News

### **Farewell to Rebecca**

On January 26, moving tributes were made to Rebecca Williams for her 16 years plus of dedication and passion for reducing inequities in alcohol-related harm. A large group of people (representing regulatory partners, community, public health professionals, and past and present Board members) were hosted to a morning tea celebration at St Marks Church Hall, Remuera. Rebecca has since moved up to Northland, awaiting her new house to be built. Meanwhile, she is enjoying planting lots of pohutukawa around her property. We wish her all the best with her new venture.



## News

### FASD update

As awareness of Fetal Alcohol Spectrum Disorder (FASD) increases, so too does the thirst for knowledge of how best to reduce the risk of harm for Kiwi's living with FASD. It is now well-established that prenatal exposure to alcohol can result in significant functional and learning deficits that, in turn, can lead to poor social and health outcomes. However, awareness of harm is only part of the story.

Alcohol Healthwatch's FASD project coordinator Christine Rogan recognised the huge gap in workforce understanding of effective intervention and prevention, and has taken the initiative to meet the demand head on. Working with experienced FASD clinical experts like Neuropsychologist Dr Valerie McGinn, and a grant from the Health Promotion Agency in early 2016, Alcohol Healthwatch have hosted a series of FASD-informed practice workshops across New Zealand to meet the rising demand.

"Frankly I have been blown away by the goodwill and quest for learning from our front-line professionals. They are recognising these vulnerable children and young people in schools, clinics, social services and courtrooms and they want to ensure better outcomes for them", says Ms Rogan. The demand has come from all sectors, even though FASD is not yet a mainstream health and disability issue in New Zealand, and we knew we had to respond

more systematically.

Evidence that appropriately addressing the needs of the affected population not only substantially reduces the risk of poor outcomes, it equally addresses prevention of further FASD occurring. “The good news from our ‘sold-out’ workshops, is that FASD-informed practice is relatively easy to integrate and it is exciting to see this shift gaining traction”. The next FASD-informed Practice Workshop will be held in Opotiki Thursday July 29th in partnership with Te Pou Oranga Whakatahea. View the panui for this hui on <http://www.fan.org.nz> or email [arya.black@whakatohea.co.nz](mailto:arya.black@whakatohea.co.nz) to register to attend.



## News

### Help us to help you

Alcohol Healthwatch is currently developing an online tool to equip communities to take effective action in reducing alcohol-related harm. This is in response to community feedback asking for accessible information, practical tools and an interactive platform to share their experiences.

The online resource will guide communities through the steps required to take action on a range of issues relating to alcohol-related harm. For example, communities may want to take action on the following areas:

- Objecting to a liquor licence application

- Making a complaint about a licensed premises
- Local Alcohol Policies
- Liquor bans
- Irresponsible promotion of alcohol
- Alcohol sponsorship at a local sports club or a major event
- Draft legislation (e.g. to address the low price of alcohol)
- Supply of alcohol to young people
- School balls
- Alcohol and pregnancy
- Alcohol in the workplace, etc.

There are well over 30 different actions that we have identified where communities can take action. We have grouped these into the following areas: Price and promotion; Advertising and sponsorship; Alcohol licensing and Local Alcohol Policies; Alcohol in public places and events; Alcohol and young people; and Risky drinking. Each section will include background information on the problem, the relevant law/regulation, and how to take action. Tips and tools (including templates) for action will be abundant and updated over time. We wish to populate each area of action with a case study from around the country.

To ensure the tool is fit for purpose, we will be employing a comprehensive pilot testing process. We are also working with a co-design company (Curative) to ensure the tool especially meets the needs of those experiencing the greatest inequities in harm. We need you!

1. To be involved in pilot testing. You can provide feedback on any action area you choose. We will be sending out an electronic link to participate shortly.
2. Send us any case studies where communities have led or initiated action on ANY issue relevant to alcohol-related harm. This may include: objecting to a liquor licence, submitting and presenting on LAPs or draft legislation, organising an alcohol-free event, reducing social supply to minors, developing campaigns, promoting FASD awareness events, etc.

Please email Esther, Health Promotion Advisor, at [esther@ahw.org.nz](mailto:esther@ahw.org.nz) if you think you may have a useful case study (or two!) to include. Let's share our successes!!



## **Research update**

Please contact us if you are unable to access any of the following publications. Click on each title to be taken to the abstract or report (where available).

### **Price**

[Impact of minimum unit alcohol pricing on alcohol attributable morbidity by level of income](#)

[Purchases by heavier drinking young people in New Zealand concentrated in lower priced beverages](#)

[Off-premise alcohol purchasing in Australia: Variations by age group, income level and annual amount purchased](#)

[Attitudes towards minimum unit pricing in Western Australia](#)

### **Inequities**

[Relationship between alcohol-related harm and socioeconomic status](#)

### **Drinking patterns and acute harm**

[Drinker Types, Harm, and Policy-Related Variables in New Zealand](#)

[Prevalence of pre-loading across 25 countries \(including New Zealand\)](#)

[Increased use of police and health-related services among those with heavy drinkers in their lives in New Zealand](#)

### **Chronic disease**

[Breast Cancer & Alcohol](#)

[Blog: Alcohol and breast cancer](#)

### **FASD**

[Putting Fetal Alcohol Spectrum Disorder on the Map in New Zealand](#)

### **Advertising and sponsorship**

[Alcohol marketing during major sport events on New Zealand television](#)

[Alcohol marketing supplement of Addiction Journal](#)

[Alcohol harm reduction advertisements which motivate reduced drinking among adults](#)

[Adolescents' exposure to paid alcohol advertising on television and their alcohol use](#)

[Analysis of a Vodka Cruiser advertising campaign](#)

[Alcohol advertising and public health: systems perspectives versus narrow perspectives](#)

### **Community action**

[Effectiveness of community-based interventions for reducing alcohol-related harm in Australia](#)

### **Brief interventions**

[Alcohol brief interventions in community-based youth work settings](#)

### **Research methods**

[Mapping Patterns and Trends in the Spatial Availability of Alcohol Using Low-Level Geographic Data](#)



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