

# News Views

The Newsletter of Alcohol Healthwatch



## Campaign to Strengthen Liquor Legislation Launched

**A**lcohol Healthwatch launches its campaign to strengthen liquor legislation with the release of the first of its supporting papers to politicians this week. This first paper puts the focus on alcohol advertising. The "Action on Liquor Legislation" (ALL) campaign calls for liquor laws to be more consistent with government aims of reducing alcohol-related harm.

"The costs of alcohol-related harm in New Zealand are unacceptably high," says Director Rebecca Williams. Alcohol Healthwatch believes that underpinning these unacceptable levels is a culture that largely accepts alcohol-misuse as normal behaviour and a legislative environment that has been liberalised without putting in place the necessary resources to effectively enforce the law, monitor the effects of changes and support harm prevention efforts.

Statistics from the past decade in New Zealand do confirm worrying drinking trends, particularly those concerning young people and women.

"Hazardous drinking behaviours are embedded in our culture. They are modelled by adults and are particularly well illustrated by our young," says Ms Williams. "There are lots of factors contributing to this so there's no single answer. What we do know is that education alone doesn't work and that environmental policy approaches have the greatest evidence-base for effectiveness in reducing alcohol-related harm."

Alcohol Healthwatch says that to reduce the damage done by alcohol and bring about more responsible alcohol use, we need to create a supportive legislative environment to work from, one that provides a clear and consistent bottom-line for all and better supports the

many excellent initiatives already in place.

With this in mind Alcohol Healthwatch has identified five priority areas for change and these provide the focus of their Action on Liquor Legislation campaign. Alcohol Healthwatch calls for the Government to:

- Decrease the blood alcohol limit for drivers over 20 from 80mg alcohol/100ml blood to 50mg/100ml
- Make amendments to alcohol excise taxation including changing to a fully graduated system based on actual alcohol volume and using tax revenue specifically for harm reduction
- Discontinue alcohol advertising and phase out alcohol sponsorship
- Require compulsory warning labels on all alcohol containers and promotional/ point of sale material
- Make amendments to the Sale of Liquor Act including returning the minimum purchase age to 20 years of age, and requiring mandatory age verification of young people

The cornerstone of the "ALL" campaign is the promotion of a co-ordinated approach to liquor legislation. The changes promoted in each of the five priority areas, while all effective on their own, will be much more effective if undertaken collectively.

"If we are to achieve measurable improvements in alcohol-related harm our Government needs to act boldly and make all of the necessary changes. It also needs to commit to increased resources to enforce the law and monitor the performance of legislation in the light of reducing alcohol-related harm," says Rebecca Williams. "This will entail setting specific targets and ensuring that we are moving towards them."

# Action on Liquor Legislation - What is Planned

## Informing

Alcohol Healthwatch's Health Promotion Advisors have compiled briefing papers that contain comprehensive information on each of the five priority areas. These are outlined in this newsletter. These papers are being sent directly to all MPs and a range of other stakeholders. They will also be made available on the Alcohol Healthwatch website ([www.ahw.co.nz](http://www.ahw.co.nz)), or a hard copy can be requested.

## Gaining support

A collective voice is much more effective at achieving change. Alcohol Healthwatch invites you to access and read these papers as they become available and consider ways you might support their call for change. Alcohol Healthwatch is keen to hear your feedback and ideas.

## Promoting discussion and debate

Alcohol Healthwatch is planning a forum to enable discussion and debate on these issues. Ways of working together effectively to bring about a healthier, more supportive legislative environment will be discussed. A date for this forum will be announced.

## Advocacy

Alcohol Healthwatch has also planned a range of advocacy actions.

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## Liquor code review outcome highlights need for review of government policy on alcohol marketing

**Viewpoint:** By Anna Maxwell, Health Promotion Advisor, Alcohol Healthwatch

**T**he Advertising Standards Authority (ASA) has just added thousands of young viewers to the audience for television alcohol advertisements. Following the ASA's review of its own code of liquor advertising, viewers from September 1 will be able to see alcohol advertisements on television from 8.30pm rather than the previous 9pm watershed.

This move, made ostensibly for programming convenience, went against serious concerns presented to the review panel that advertising helps shape positive views about drinking and the review panel's own acknowledgement that 'liquor advertising may well affect the attitudes and behaviour of young people'. Now even younger viewers will be exposed to liquor advertisements at a stage in their lives when their attitudes towards alcohol use are forming.

The 'independent' review of the Code for Advertising Liquor was conducted by a panel of seven, three of whose members were appointed by the ASA, and only one of whom, Director of Public Health Dr Colin Tukuitonga, has a background in the health sector. Yet surely alcohol advertising is a public health issue; Dr Tukuitonga has publicly expressed disappointment at the review

outcome.

Earlier screening of alcohol advertisements will not be mitigated by the review panel's efforts to strengthen the code, such as the introduction of a principle of "social responsibility", aiming to better control advertising directed at young people. The codes are open to interpretation, and boundaries are constantly and creatively being pushed. The review team has missed the point that advertisements don't have to be directed at "young people in particular" to be appealing to them.

There's plenty of evidence that, as concluded in a recent World Health Organisation review, advertising is at least reinforcing drinking in the young. But, instead of looking at advertising's role in creating and maintaining unhealthy social norms, the ASA reviews look for evidence that advertising increases the risk of alcohol abuse, and demand a level of proof that is almost impossible to supply.

Once again, the outcome of the review has served to illustrate that the current self-regulatory system does not allow for a full and independent inquiry, and a broader and more robust review at government level is necessary.

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**T**he *Advertising of Alcohol – In Support of Increased Restrictions in New Zealand* discusses why alcohol advertising is a public health issue and looks at trends in alcohol advertising towards the use of new, unregulated media and new product development. It examines the effects of advertising and sponsorship on drinking norms, especially in vulnerable groups, and gives an over-view of what research reveals about the links. It also looks at the arguments for and

against discontinuing alcohol advertising, and at various policy options for increasing restrictions on alcohol marketing.

Finally, the paper summarises Alcohol Healthwatch's own position on the advertising of alcohol, which calls for a full review of government policy on alcohol marketing, including alternatives to the current self-regulatory system of over-seeing liquor advertising.

# Reducing the Legal Blood Alcohol Concentration for Driving

**T**he co-ordinated approach to addressing drink-drive in New Zealand is a success story. Over a decade of advertising, compulsory breath testing, enforcement and community initiatives have combined to significantly reduce death and injury and to change public attitudes to drinking and driving. However, downward trends have stabilised in recent years and it is time to consider new initiatives in order to prevent back-sliding and to kick start further improvements. A simple and effective measure to further reduce the road toll and to meet the targets of the Road Safety 2010 Strategy is to lower the blood alcohol concentration from 80mg to 50mg alcohol per 100ml blood.

The Alcohol Healthwatch paper *Reducing the Legal Blood Alcohol Concentration for Driving in New Zealand* examines the effect that alcohol has on driving skills, even in small amounts, and shows that the relationship between blood-alcohol levels and risk of crashing is well established. As blood alcohol levels increase, so too does the risk of having a fatal crash.

It looks at international trends, which have shown that a 50mg limit dramatically reduces drink driving, saves lives and reduces injuries from alcohol-related road crashes. The greatest international reduction was seen in Queensland, Australia with an 18 percent reduction in fatal collisions and a 14 percent reduction in serious accidents.

For most people, the blood alcohol concentration is just

another figure, but what does it really mean? According to the ALAC guidelines for drink-driving, a male can, for example, drink five and a half single nips of spirits in the first hour, and a single nip of spirits every hour after that. The amount of alcohol recommended is very high and will result in significant impairment of the skills that are critical for safe driving. Studies have shown that important driving skills, including vision, steering, braking, vigilance, information processing, and divided attention tasks are adversely affected by small amounts of alcohol.

With a 50mg blood alcohol concentration small amounts of alcohol can be consumed and a person can remain under the limit. Australia has a blood alcohol concentration of 50mg and we can use their recommendations as a guideline. These state that prior to driving males can consume two standard drinks in the first hour, and one standard drink per hour after that; and females can consume one standard drink in the first hour and one standard drink per hour after that. Factors such as body size, gender, the amount of food in the digestive system, current state of fitness, and the health of one's liver influence the effect alcohol has on an individual.

Whilst we have seen improvements, the levels of death and injury on our roads due to drinking and driving are still too high. A blood alcohol level of 50mg/100ml will go a long way towards achieving Road Safety 2010 Strategy target of no more than 300 deaths annually on the road by 2010.

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## Alcohol Warning Labels

**I**n the last remaining days of 2002 a Health Select Committee report announced its support of a public petition and recommended that alcoholic beverages be required to carry advisory information regarding alcohol use during pregnancy. In response, the current New Zealand Government is making an application to Food Standards Australia New Zealand to bring this about.

Alcohol Healthwatch commends the New Zealand Government for this important move and wishes to see a comprehensive approach to the introduction of warning messages. Achieving alcohol warning statements in New Zealand is one of Alcohol Healthwatch's campaign objectives.

The Alcohol Healthwatch briefing paper, *Alcohol Health & Safety Advisory Statements (Warning Labels) in New Zealand*, discusses why health and safety advice for alcohol is necessary, the effectiveness of this form of health and safety information and Alcohol Healthwatch's position. The paper also responds to commonly cited arguments used

against their introduction in New Zealand.

The Ministry of Health advises that there is no level of alcohol consumption that can be considered safe for all people at all times. As part of a comprehensive approach to alcohol harm reduction, Alcohol Healthwatch believes health & safety advisory statements would be a cost effective means of raising awareness about when alcohol use is inadvisable.

Countries such as the United States of America have supported alcohol warning labelling since 1989 and alcohol exported from New Zealand is required to carry the Surgeon General's warning. The major barrier to the warning statements effectiveness appears to be that the labels are hard to notice and hard to read. Moves are afoot in the USA to strengthen effectiveness of the warning label by increasing its prominence. In addition, countries such as Canada, Ireland and South Africa are responding to mounting concern over the burden alcohol is placing on society and are moving to require health advisory statements for alcohol.

# Strengthening the Sale of Liquor Act

The Alcohol Healthwatch briefing paper, *The Sale of Liquor in New Zealand – Recommended Changes to the Act*, looks at arguments for (and against) reinstating a purchase age of 20 years. It includes a brief overview of evidence of increased youth drinking and associated harm in New Zealand since the lowered age, and reviews recent studies relating to minimum purchase age in comparable countries.

Recent age verification studies and controlled purchase operations have highlighted the ease of obtaining alcohol by underage young people from off-licences. In light of these, the paper argues for mandatory age verification and designation of off-licences as supervised areas.

*The Sale of Liquor in New Zealand – Recommended Changes to the Act* also recommends that the Act be more specific in requiring training for all staff serving or selling liquor, as an important measure to reduce underage sales and intoxication levels.

It also calls for public debate on a current exemption relating to the supply of alcohol to minors. The Act makes it an offence to supply minors with alcohol with the exception of their parents or legal guardians. However, a second exemption allows any person to supply liquor to any other person who is

attending a private social gathering. Alcohol Healthwatch believes this exemption perpetuates confusion for parents and in effect makes inappropriate and unsupervised supply to minors legal.

The paper also recommends an amendment which would assist in addressing the long standing issue of licensing authorities being unable to respond to reasonable community concerns about the siting of licensed premises. Alcohol Healthwatch suggests that criteria for assessment of a licence application include consideration of the premise site in relation to neighbouring land use. This would allow authorities to have regard to whether a particular licence in a proposed location was appropriate or desirable for a community.

Finally, the paper suggests a minor change that would support the work of enforcement agencies. This is to clearly state the number of patrons allowed on the premise, as determined by fire safety recommendations, on the liquor licence.

Alcohol Healthwatch also calls for increased resources and attention to be directed towards enforcement of the Act, and improved consistency and use of penalties available.

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## Taxing the Harm

In a widely publicised decision in May this year, parliament passed the Customs and Excise Amendment Bill which saw the introduction of a third tax band for beverages containing between 14-23 percent alcohol by volume. Prior to the amendment, only two tax bands existed which allowed beverages with a higher percentage of alcohol in each band to be taxed at the same rate as those beverages in the band with a lower percentage of alcohol.

“This amendment closes a loophole in the current system and is a step in the right direction” says Angela Baxter, Health Promotion Advisor for Alcohol Healthwatch. However, according to an ALAC commissioned report, an excise tax system based on actual alcohol content is necessary in order for excise tax to have a large impact on youth drinking, as well as on those adults who are heavy drinkers. Taxing alcohol in bands creates a situation which manufacturers can exploit by developing products at the highest end of each band

in order to gain the best tax advantage.

The Alcohol Healthwatch paper *Alcohol Excise Tax – Recommended Changes to the New Zealand System* examines the current excise system for alcohol in New Zealand. The paper advocates that New Zealand adopt a system based on the actual alcohol content of beverages, resulting in the cost of beverages truly reflecting the alcohol content they contain. This would encourage a move to lower strength products, especially in the younger market where price is a major factor and health and safety gains are most critical.

The paper examines the benefits of having such a system, reviews research on excise tax and counters the common arguments against using excise tax as a tool to reduce alcohol-related harm. Alcohol Healthwatch also recommends that the revenue generated from alcohol taxation be made available to specifically address alcohol-related harm and that tax increases be used to achieve health gain.

