

News Views

The Newsletter of Alcohol Healthwatch

Drink up!

Overall, alcohol available for consumption has risen again in the last year, though only marginally this time (0.6 percent). "Alcohol Available for Consumption" is a stated health indicator in the New Zealand Health Strategy (2000) and it has consistently trended upwards since 2000. The upward consumption trend slowed in 2003 but what has not slowed is the juggernaut rise of the ready to drink spirit-based products (RTDs). To the year ended December 2003, RTDs available for consumption increased a further 9.8 percent, pointing once again to the meteoric rise in their appeal to young people.

Earlier this year, media statements claimed that the Government move to reduce youth consumption of cheap so-called 'light spirits', (nick-named the 'sherry tax' because the move also caught fortified wines) was pushing teenagers to buy top shelf spirits. However, this is not borne out by figures from Statistics New Zealand which show that spirits with more than 23 percent alcohol fell 4 percent in 2003.

The Government move on alcohol excise tax to stem the

flow of 'pocket money' alcohol - over 20 standard drinks for less than \$10.00 - was based on evidence that price is an effective public health tool for reducing alcohol-related harm and that young people are very price sensitive. What the move did not do, is

consider the alcohol excise tax system as a whole, including considering the value of lifting excise tax across the board. Such a move would also affect the price of RTDs - some of which are cheaper than bottled water and non-alcohol beverages.

Alcohol Healthwatch is calling for such measures in its soon to be released briefing paper entitled *Alcohol Excise Tax; Changes to the New Zealand System*.



Alcohol health and safety messages still hot topic

Alcohol Healthwatch recently released its briefing paper on Alcohol Health and Safety Advisory Statements (Warning Labels) in New Zealand at a time when alcohol warning labelling is a subject of public interest and debate worldwide.

As part of a comprehensive report on substance abuse in Australian communities, the Australian Parliamentary Standing Committee on Family and Community Affairs considered and recommended alcohol warning labelling (Recommendation 38, August 2003). The Committee concluded that it would be a 'useful move' to include information from the Australian Alcohol Guidelines on alcoholic beverage container labels. Their recommendation took into account a previous decision by the Australia New Zealand Food Authority (ANZFA) to reject alcohol warning labelling in 2000, believing instead that health information on alcohol products has a role to play in reducing alcohol-related harm.

In the Northern Hemisphere, the UK Government plans to announce the introduction of alcohol warning labels as part of an awareness campaign about the risks of excessive consumption have stalled. The UK Ministers have been accused of capitulating to big business (Observer 29 Feb. 04). Meanwhile, in the Republic of Ireland, plans are forging ahead for legislating for the introduction of alcohol warning labels this year (Guardian Newspapers 1 April 04).

Across the Atlantic, Canadian Member of Parliament Judy

Wasylycia-Leis is so incensed that her alcohol warning labelling bill of 2000 has failed to progress, that she has initiated a national petition to get it moving again. Ms Wasylycia-Leis's bill to require alcohol beverages to be labelled with 'WARNING: Drinking alcohol during pregnancy can cause birth defects' had received overwhelming parliamentary support at the time with 217-11 votes in favour of the labels.

In early 2003, the New Zealand Government supported the Health Select Committee call for warning labels for alcohol during pregnancy advice, and directed the Ministry of Health to draft an application to the Food Standards Australia New Zealand (FSANZ) Authority for this to be made a food standard regulation. Twelve months later and an application to FSANZ has yet to be lodged. The previous Food Standards administration, ANZFA, rejected warning labels for alcohol in 2000. However, one year after rejecting health warnings on alcohol containers, ANZFA approved health advice for pregnant women and children recommending they avoid caffeinated energy drinks.

Alcohol Healthwatch's briefing paper on the subject goes beyond consideration of health and safety advice for beverage containers, to include the recommendation that the information be displayed at point of sale outlets and accompanying all forms of alcohol advertising and sponsorship.

The Alcohol Healthwatch paper is available for downloading in PDF format at www.ahw.co.nz

Boozy biscuits and babes *Christine Rogan*

Over the years I have read some incredible spin justifying liquor marketing but I have to say the chit chat about alcoholic biscuits takes the cake.

Arnotts are claiming that their new Kahlua and Tia Maria laced biscuits, festooned with alcohol brand advertising, are an indulgent after-hours treat for 20 something chicks. I am not going to resort to that hackneyed liquor marketing phrase that begins Yeah r....., but honestly, like who's really going to like, believe that? Every self-respecting preschooler this side of Charlie's Chocolate Factory, has cut their teeth on chocky bikkies, (though I will concede, on the condition that they eat up all their veggies and clean their teeth).

How will the big grown-up girls know the new chocolate treats are meant just for them, like? Will they be top shelf, perhaps in a pink shimmer adults-only section? The reality is these household brand biscuits will sit alongside all the others and appeal to children, like all the others, only this time with booze logos.

But apparently we who oppose alcohol marketing have got it wrong once again. Silly old us! We have ignored important tracking evidence showing that children don't do the biscuit shopping. Crumbs! So now that we're clear that biscuit buying is an adult only behaviour, the 3 year old performing in the biscuit aisle must be demanding chocolate coated biscuits for the late night enjoyment of mum or dad. Like, whatever!

New Zealand can expect to see more food products using

brand alcohol to attract customers; after all, it's a big market to hook. The debate needs to look beyond the commercial spin, to challenge the push for alcohol to be daily on everybody's lips, and alcohol brand marketing on every kitchen bench. And it's not out of the question that we will see more supermarket tantrums - the big grown-up boys crying 'unfair' to let spirit brand merchandising into supermarkets and not the real McCoy. And, like, I don't mean orange juice.



Kahlua at kindy?

World Bank strengthens commitment to alcohol harm prevention

The calls of public health organisations throughout the world for governments to do more to reduce alcohol-related harm have recently been strengthened by the voice of a major world financial institution.

The World Bank Group has released a fact sheet that advocates stricter laws, increased enforcement and a comprehensive set of measures to reduce alcohol abuse, which it identifies as one of the leading causes of death and disability worldwide.

The fact sheet states: "Efforts to reduce alcohol consumption and related problems face formidable obstacles: alcohol dependence; social pressures; aggressive alcohol marketing and promotion; other pressing health problems competing for limited resources. But there are many good practices that can be replicated with political will, and broad support."

"The overall trend is towards stricter laws and increased enforcement in some areas such as drinking-driving. But national and local alcohol controls have been undercut by a tendency at the global level to treat alcohol as an ordinary commodity, and to weaken or eliminate effective controls in the interests of liberalizing markets and trade."

The fact sheet also suggests that alcohol control efforts are often dispersed among Ministries, without effective coordination; and that coordination between levels of government is often an issue.

And what works? The World Bank acknowledges that alcohol-related harm is complex in nature and that 'a range of integrated strategies works best.'

The policy options listed are similar to those currently being advocated by public health organisations in New Zealand. The list includes price increases, restrictions on availability, strong drink-driving legislation and ready access to treatment such as brief outpatient interventions.

It also states that regulation and enforcement are key, for unless measures are enforced, they will have little impact. Education and public information campaigns, it says, have not been found to be effective on their own, but can build awareness of alcohol problems and support for effective policies and proven interventions.

The fact sheet follows on from the World Bank Group Note on Alcohol Beverages: adopted by the Bank March 2000- when it decided to increase its efforts to prevent alcohol-related problems in client countries with a high burden of alcohol-related problems (<http://www.miga.org/screens/policies/arp/arp.pdf>). In this Note the Bank declared a commitment to increasing knowledge about the magnitude of alcohol-related health and social problems in developing countries and their impact on poverty; and identifying and supporting effective policies to reduce the impact of alcohol abuse on human capital.

The World Bank Group is now highly selective and considers alcohol-related projects only when they can demonstrate strong development impacts which are consistent with public health considerations and World Bank activities in the health and social sectors.

When alcohol rocks the cradle

The flow of alcohol headlines speak volumes. “Alcohol fuels flying fists”; “Drinkers top injury list”; “Drunk and just 8 years old”; “Man raped girl of 12 after giving her drink”; “Parents of home alone children fined \$500”. In 2003, Alcohol Healthwatch logged over 1700 newspaper clippings related to alcohol issues. This visible tip is telling us that alcohol-related violence, injury and neglect remain at unacceptable levels and tragically it is our children who bear the brunt one way or another.

While there are efforts to address the public side of drinking, little appears directed toward the more intractable, hidden end of the problem, that which occurs behind the front door. Services struggle to keep pace with mending what is already broken. Prevention pays, but who wants to pay for prevention?

Two United Nations children’s organisations have brought to world attention the state of health of New Zealand children. Their report cards on New Zealand, basically reads ‘unsatisfactory’. United Nations International Children’s Education Fund (UNICEF) and the United Nations Committee on the Rights of the Child, advocating for the care and protection of children and adolescents, have joined the call to do something about the cycle of abuse, neglect and harm that is so badly affecting children and young people in New Zealand. A theme common to both documents is the harm to children from alcohol, and the question, what is being done to prevent it.

The UNICEF Innocenti Report Card Issue No.5 September 2003, “A League Table of Child Maltreatment Deaths in Rich Nations”, ranks New Zealand fifth worst in deaths from child maltreatment (physical abuse and neglect) out of 27 nations. The Innocenti report, points to alcohol and drug abuse being consistently and independently linked to family violence,

child abuse and neglect. The report states, “Of all the family problems recorded by investigators into the circumstances of child maltreatment, one of the most common and most serious is drug and alcohol abuse” (page 16). The report points to research showing that substance abuse triples the risk of child maltreatment.

The UN Committee on the Rights of the Child points out that human resources, policy co-ordination, data collection and financial support are woefully inadequate, with the end result that too many children remain vulnerable throughout their critical developing years. Among the host of concerns is the rising level of alcohol abuse by New Zealand adolescents and the recommendation that the New Zealand Government undertake “... effective preventive and other measures to address the rise in alcohol consumption by adolescents” (page 9).

Alcohol is strongly co-related to violence. The first comprehensive summary of violence and health carried out by the World Health Organisation (2002) recognises alcohol as one of the root causes of violence. A UK report states that 30 to 60 percent of child protection cases involve alcohol (Academy of Medical Sciences, 2004).

Given that our statistics on child abuse and neglect appear to be unacceptable by world standards, it would stand to reason that the link between this harm and alcohol abuse would attract more research. However there appears to be a dearth of research into the relationship between alcohol and family violence in New Zealand.

If international barometers on New Zealand children are to be given due consideration, then the effect of alcohol-related family violence and neglect on children, needs to be prised from the shadows into the light of understanding and action.

One more for the road

Just prior to Christmas last year this country had an opportunity to take a positive step toward getting drunk drivers off our roads. Reducing the current blood alcohol concentration (BAC) for driving was up for grabs. We fluffed it!

The move that awaited Cabinet approval was one of a range of strategies put forward by the then Transport Minister Paul Swain aimed at reducing the annual road toll to 300, the key target of the 2010 National Road Safety Strategy. It would have brought our legal BAC for driving into line with Australia and the majority of other developed nations. The Australian experience shows that it definitely saves lives. Cabinet rejected the option.

So what happened? The media lead up to Cabinet’s rejection of the move certainly brought forward views that may have been influential:

Federated Farmers - lower BAC risks making all rural people criminals as no one could drink alcohol with a meal.

Automobile Association - reducing the limit is divisive. Drink-drive accidents are caused by drivers over the limit.

The alcohol industry - tackle the heart of the problem - the repeat offender.

A public view - will place an unacceptable burden on every social-drinking motorist and mature drivers already face

unnecessary harassment by police.

The facts are that drink-driving killed 109 people and caused 525 serious injuries and 1841 minor injuries in 2002. The current drink-drive level of 0.08 (80mg alcohol/100ml blood) is one that allows substantial drinking and as such gives legal sanction to seriously impaired driving. New evidence shows that important driving skills including vision, steering and braking are adversely affected by even small amounts of alcohol. It affects the brain’s ability to function effectively, and slows reaction time.

With the proposed lower level (0.05) we could expect to save between 16-72 lives and 640-1280 injuries per year and still allow adults a glass or two without risk of driving over the legal limit. As it stands the drink-drive guidelines for 0.08 borders on what is often considered ‘binge’ drinking (eg 5 1/2 single nips of spirits for men and 3 3/4 for women in the first hour). Such levels are in stark contrast to the public drink-drive message, “If you drink and drive you are a bloody idiot”.

We may want drunk drivers off the roads but as a nation are we prepared to do what it takes - challenge our own drinking habits?

(Alcohol Healthwatch’s briefing paper on reducing the legal BAC can be viewed at www.ahw.co.nz)

Alcohol Healthwatch News:

We have said farewell to Debbie Broughton - Last Drink Survey (LDS) Co-ordinator for Waitakere/Rodney/North shore. Debbie is now working with the SHORE Centre at Massey University as a project manager. We and Debbie's entire network have benefited from her passion, energy and expertise. We thank her for sharing that with us for the last two years and we wish her well in all her future endeavours.

Debbie, along with Penny Newton, LDS Co-ordinator for Counties/Manukau, held our Last Drink Survey programme together until its transition to the NZ Police at the end of February. We are thrilled that Penny has chosen to remain with us and welcome her into her new role as Community Health Promotion Advisor. Penny continues to provide liaison within the liquor licensing network in the Auckland region.

We have also welcomed aboard Adrian Knowles. Adrian is co-ordinating the Waiuku Community Action Project, a role Alcohol Healthwatch is hosting as part of the Regional Alcohol Project. Adrian brings an extensive range of project management skills and knowledge to our team and the project from a background which includes sexual health promotion with the New Zealand AIDS Foundation and the performing arts.

New to the WEB www.ahw.co.nz

Health and Safety Advisory Statements (Warning Labels) in New Zealand - Alcohol Healthwatch Briefing Paper. This is the third paper we have released to date as part of our Action on Liquor Legislation campaign.

Media Releases: 'Adult binge drinkers', 'Call to get drunk drivers off our roads', 'The proposed new blood alcohol limits will not make rural people criminals'

Submissions: Submission to Commerce Committee on Sale of Liquor Act Amendment Bill (No. 2) Jan 2004

Alcohol advertising petition

- your chance to have a say

The Group Against Liquor Advertising (GALA) are asking New Zealanders to sign a petition recommending a Health Select Committee inquiry into the promotion of alcohol. A copy of the petition is enclosed with this newsletter or can be downloaded from the GALA website: www.gala.org.nz

Coming Events:

An Alcohol Healthwatch
Action on Liquor Forum

“Opportunities for Action”

Keynote Speaker:

Professor Robin Room

From the University of Stockholm

Tuesday 27 April 9.30am - 3.30pm

Waipuna Conference Centre, Auckland

“Opportunities for Action” has a programme that will interest those working to reduce alcohol-related harm in Aotearoa New Zealand.

Look forward to seeing you there!
RSVP Alcohol Healthwatch by 21 April 2004
- see contact details below

15th International Conference on Reduction of Drug Related Harm - Melbourne, Australia 20-24th April 2004 Visit www.ihra.net for details.

Australian Winter School in the Sun - Brisbane, Australia 5-8 July 2004 - Alcohol and Drug Foundation, Queensland. Visit www.adfq.org for details

Asante Centre Workshop -Fetal Alcohol Spectrum Disorder Identification and Interventions - Copthorne Hotel Auckland 10-3.30pm 28 April 2004
Meetings will also be held in Hamilton on 21 April, Wellington on 23 April and Christchurch on 26 April.
For further information contact christine@ahw.co.nz



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Disclaimer: The views expressed in this newsletter do not necessarily reflect those of Alcohol Healthwatch Trust.

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