

News Views

The Newsletter of Alcohol Healthwatch

Landmark licensing decisions

Two recent court cases level the playing field for communities and alcohol-harm prevention.

In May this year the Liquor Licensing Authority (LLA) rejected an application by Australian owned Progressive Foods for a “store within a store” licence. In this decision it was made very clear that the intention of the Sale of Liquor Act was that supermarkets only sell beer, wine and mead.

With supermarket giants trying every possible tactic to gain entry into the spirits and ready-to-drink market, the issue has become rather complex. The decision examines the matter of alcohol and grocery-type outlets in detail and is worth a read for those wishing to better understand the state of play.

The decision also discusses price discounting. The LLA were convinced that discounting of ready-to-drinks (RTDs) would be inevitable if the licence were to be granted, and that this would be “unlikely to contribute to the reduction of liquor abuse”.

Decision no: PH 712/2008 (28th May 2008)

In another case of note the High Court recently dismissed an appeal on decisions made by the LLA concerning opening hours.

Following Queenstown Lakes District Council adoption of its new liquor licensing policy in May 2007, which clawed back the existing 24-hour opening to 4am closing, the LLA heard a number of applications for licence renewals or variations. The Authority made its decisions in line with the District’s new policy. These decisions were then appealed at the High Court by four liquor industry players.

Decision no: CIV-2007-485-002559 (4 June 2008)

The High Court decision demonstrates that local council policies can provide a sound basis for harm prevention and that they can stand up to a challenge. A key feature of the policy was the robust process through which it was developed, including advance notification and community consultation.

Alcohol Healthwatch believes these two decisions are a sign of the strengthening momentum towards better controls on our most popular yet most harmful drug.

Sale of Liquor changes on a roll

Alcohol is currently well and truly on the political agenda with two Bills before (or soon to be before) the house.

In June this year Manurewa MP Hon. George Hawkins was given leave to table his Private Member’s Sale of Liquor Amendment Bill 2008. This bill effectively returns the right of community to have a say in local licensing decisions, a right lost in the 1989 revamp of the Act. The changes will provide for better controls on issues such as outlet density and location.

The Bill passed its first reading on 2 July 2008 with only the ACT party in opposition. The Bill will now be considered by the Social Services Select Committee. Submissions are due by 15th August 2008. We encourage readers to make submissions on the Hawkins Bill, and we are currently preparing a tool kit to support this.

Additionally, Associate Justice Minister Lianne Dalziel is preparing a Bill for consideration later this year. We understand that this will include the changes that were recommended following the earlier review into the sale and supply to minors. It may also include other measures.

Round the clock licensing

There are widely differing views on the outcomes of Britain’s implementation of 24-hour drinking laws.



The Government had hoped that the new laws, introduced in November 2005, would help curb violence and reduce crime rates. It was thought the extended opening hours would end the nightly 11pm swill, thus smoothing closure times and making policing easier.

In a statement released in March 2008 Culture Secretary Andy Burnham acknowledged that a review had produced a “mixed picture”. However, he said that

the introduction of the Licensing Act 2003 had not led to the widespread problems some feared. He claimed that overall crime and alcohol consumption were down but acknowledged that alcohol-related violence had increased in the early hours of the morning and some communities had seen a rise in disorder.

A survey commissioned by the Local Government Association however, paints a different picture. This survey found that seven out of ten councils, hospitals and police authorities reported an increase or no change in alcohol-related incidents. It said that one in three hospitals reported an increase in alcohol-related incidents, and half of the police authorities reported that the changes had simply led to alcohol-related disorder occurring later at night than previously.

Most of the health and local authorities reported increased pressure on resources, mainly though a rise in admissions at hospital accident and emergency departments.

In February 2008 the Telegraph revealed a 46% increase in alcohol-related anti-social behaviour crimes. They reported that an early draft of the report on the review showed crimes committed between 3am and 6am were up by 22%, with more than 10,000 additional offences in the year after the licensing rules were relaxed. Serious violent offences, including murder, manslaughter and wounding also increased by 25% in these early morning hours – accounting for almost 4000 extra crimes.

According to the National Health Service, alcohol-related hospital admissions rose from 193,637 to 207,788 over the period 2006 to 2007, a 7.3% increase.

Despite the concerning results the British government is not planning to reverse the 24-hour drinking laws. There will however, be a crack down on alcohol sales to those under 18 years old.

Prime Minister Gordon Brown stated that a new “two strikes” rule for off-licences would be part of the review of the Licensing Act. He also stated that the 24 hour licensing was not behind violent drunken behaviour among teenagers, this was instead fuelled by cheap alcohol drunk on the street, bought from shops and rogue off-licences.

Meanwhile multi-million pound educational campaigns have been launched to address the country’s drinking problems which have been described as reaching epidemic proportions.

To view the evaluation report see:
www.culture.gov.uk/images/publications/licensingevaluation.pdf

More Grog = More Violence

New research carried out in Western Australia has confirmed that an increase in the number of liquor outlets is associated with an increase in assaults and domestic violence in the surrounding area.

The research has led to a licensing model whereby the social impact of a new liquor licence in any one area can be predicted. Principal investigator Dr Tanya Chikritzhs suggests the impact should be considered by licensing authorities when considering a licence application.

The key to this predictive model is the ability to gather wholesale alcohol purchase data which is currently only collected in West Australia and the Northern Territory.

The study also concluded that an additional ‘average’ hotel in metropolitan Perth would increase the number of domestic violent assaults by 17 per year and a new ‘average’ liquor store would increase assaults in private homes by 8. It is recognised that the domestic assault figures were likely to be significantly underestimated due to under-reporting.

The research was funded by the National Drug Law Enforcement Research Fund (NDLERF), which funds research for the purpose of preventing harmful licit and illicit drug use in Australian Society.

Source: Predicting alcohol-related harms from licensed outlet density: A Feasibility Study (2007). Monograph Series No 8. www.ndlerf.gov.au

A New Zealand study on the issue is soon to be published in *Addiction*.

Alcohol television advertising the tip of the iceberg

A study has drawn attention to the extent and nature of alcohol imagery on New Zealand television. The study examined television programs and advertising over one week of prime time viewing in 2004.

The study found that over the week there were 648 separate depictions of alcohol imagery, with one depiction every nine minutes. Scenes with neutral or positive depictions outnumbered scenes with adverse health consequences by 12 to 1. Only 8% had imagery rated critical of alcohol use.

The study authors suggest that more attention needs to be paid to the pervasive amount of alcohol imagery being used on New Zealand television, given the growing evidence that this is associated with higher levels of drinking, especially among young people. The average 13 to 15 year old watches between 3 and 4 hours per day, 7 days a week.

Source: McGee R, Ketchel J and Reeder A (2007). *Alcohol Imagery on New Zealand Television. Substance Abuse, Treatment, Prevention and Policy. Vol 2.*

What's up with RTDs?

Ready to Drinks (RTDs) are coming under fire from a number of directions.

In previous editions of this newsletter we have highlighted the link between RTDs and increasing consumption levels and their popularity among young people, particularly young women.

There has been a steady increase in the alcohol content of these drinks in recent times.

The Australian Government recently took direct action, announcing a 70% tax increase on the products as part of a plan to tackle harmful drinking.

Meanwhile the main New Zealand RTD producers have announced plans of their own. Independent Liquor, the largest producer of these products, is reportedly introducing 2 standard drink serving sizes. Lion Nathan New Zealand have announced that they will cease production of their higher strength products and those with energy additives.

Alcohol Healthwatch Director Rebecca Williams says that while these industry moves might be seen as steps in the right direction they are more likely to be aimed at pre-empting more effective measures being taken by Government.

A New Zealand study recently published by the Massey University based Centre for Social Health Outcomes Evaluation and Research (SHORE) concludes that RTDs are most popular among young people aged 14-17 years, and females. RTDs predicted higher typical occasion alcohol consumption and heavier drinking better than any other beverage for females aged 14-17 years. For the other age and gender groups, other beverages predicted higher quantity and frequency consumption.

Source: Huckle T, Sweetsur P, Moyes S, Casswell S. *Ready to drinks are associated with heavier drinking patterns among young females. Drug Alcohol Review 2008; 27:398-403*

Intervention is Prevention

Prevention and intervention are often viewed as separate strategies. Not so says Dr Therese Grant, the Director of the Washington State Parent-Child

Assistance Programme based at the University of Washington Fetal Alcohol & Drug Unit. During her visit to New Zealand in April this year Dr Grant presented on how working effectively with high-risk mothers to prevent Fetal Alcohol Spectrum Disorders (FASD) is a cost-effective way to prevent harm.



Dr Therese Grant

At a seminar co-hosted by Alcohol Healthwatch and the Community Alcohol and Drug Services (CADS), Dr Grant provided 160 people with an opportunity to learn more about the risks and harmful outcomes to children from parental alcohol and drug use, and how the programme she heads can work to prevent these. The programme reduces

the risk of children growing up in a home environment that is compromised by alcohol and drug abuse and reduces the risk of prenatal exposure during pregnancy, and of these parents having more exposed and affected children.

The Parent-Child Assistance Programme (P-Cap) has served about 1400 families in Washington State since it started in 1991. Women who abused alcohol or drugs during pregnancy and who are not successfully engaged with community service providers are enrolled in the programme. Most are unmarried, on welfare, poorly educated, unemployed, homeless or previously incarcerated. Most of the clients come from alcohol and drug abusing family environments themselves and 70% had experienced physical or sexual abuse as a child. Engaging with clients with such life-long experiences takes time as they have learned not to trust and have been labelled hopeless, unmotivated and difficult. Many mothers who have gone through the program experienced prenatal exposure to alcohol and drugs themselves, presenting a bigger challenge to recovery overall.

The characteristics that make P-Cap a successful intervention are multi-faceted. The programme is tailored to each individual; it promotes competency; it uses a relational approach; it is family-centred, community based and multidisciplinary. Each client is matched with an advocate who works with that person and their family and community. The advocate helps the client identify personal goals, collaborates with networks of providers and connects the client to services. One of the harm reduction goals is effective

family planning to prevent future births of alcohol and drug exposed children. The program evaluation shows a 76% risk reduction of subsequent alcohol and drug exposed births for women who have been through the 3 year program. The average lifetime cost for an individual with FAS is \$US1.5million whereas P-Cap costs about \$US15,000 per client over 3 years. Preventing one case of FAS covers the cost of 102 women attending the program.

Dr Grant encouraged New Zealand to invest in more programs like P-Cap with evaluation components.

Dr Grant's powerpoint presentation can be viewed on the Alcohol Healthwatch website - www.ahw.co.nz.

Action Updates

POINT ZERO FIVE GROUP

The Point Zero Five Group is currently building support for lowering the legal blood alcohol concentration (BAC) for driving.

Following recent presentations Auckland City, North Shore City, Waitakere City and Rodney District Councils have added their support.

To give your support or get involved contact Roanne Govender on (09) 520 7039 or roanne@ahw.co.nz

NATIONAL ADVISORY GROUP on TERTIARY STUDENT DRINKING

Following the Alcohol Healthwatch "Issues and Interventions" symposium on alcohol and tertiary students held in September last year, a National Advisory Group on the issue has been established.

The first meeting of the Advisory Group was held in Dunedin on Wednesday 9th April 2008, following a research symposium convened by the Injury Prevention Research Unit at the University of Otago.

The group aims to reduce alcohol-related harm among tertiary students and the communities they live and learn in.

To be informed/involved on Tertiary Student Drinking issues contact Anne-Marie Coury on (09) 520 7038 or anne-marie@ahw.co.nz

FASD - FANNZ

The Fetal Alcohol Network New Zealand (FANNZ) will be holding a Breakfast event in Auckland to mark International FASD Awareness Day on Tues 9th September 2008. We welcome your involvement. Please put this date in your diary and watch out for further details.

FANNZ is a network of people working with or affected by Fetal Alcohol Spectrum Disorder. It provides an email link for anyone who wishes to keep up to date with developments and issues in New Zealand and internationally.

To be informed/involved on FASD issues contact Christine Rogan on (09) 520 7037 or christine@ahw.co.nz

Alcohol Healthwatch Update

We apologise to readers for the delay in getting our first newsletter of the year to you. The good news is that our remaining 2008 editions will be aimed at following the progress of the Bills mentioned earlier and opportunities that arise from these.

We have sadly farewelled staff members Stephanie Slaven and SJimmy Fransen earlier this year. We thank them for their contributions to our work and wish them both well in their future endeavours.

We have since welcomed three new staff members. Anne-Marie Coury and Todd Bell have joined the team as Health Promotion Advisors and Sophie Barnett as Community Action Coordinator.

We will profile each of our new team members and their work over the next few editions.

Coming Events

Insights & Solutions

The combined 2nd International Conference on Alcohol and Other Drug Related Brain Injury and the Brain Injury Australia National Conference

1-3 September 2008 Melbourne Australia

Cutting Edge – Addictions and Treatment Conference

4-6 September 2008 Christchurch

17th International Safe Communities Conference

20-23 October 2008 Christchurch

