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News Views

The Newsletter of Alcohol Healthwatch

Rising consumption — making sense of the stats

Figures released by Statistics New Zealand in February confirm that New Zealanders are drinking more. While the increase may be good news for the beverage industry, it's again tracking in the wrong direction as far as health outcomes are concerned. Experience from other countries shows that, when per capita consumption levels increase, there tends to be an increase in heavier drinking occasions and related adverse health and social effects.

More RTDs, less beer

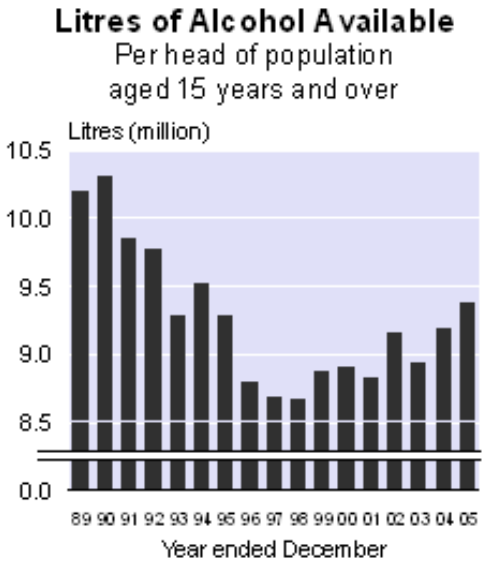
Beer, wine and spirits-based beverages available for consumption all increased in the 2005 calendar year — total wine by 6.5%, beer by 1% and spirits and spirit-based drinks (those with less than 23% alcohol content) by a staggering 11.9%. This last category has had a meteoric rise over the past decade, growing from a 3% share of alcoholic beverage available for consumption in 1996 to the current 11.7%. The increase corresponds with the introduction of ready-to-drinks (RTDs) into the market in the mid 1990s, which are popular with young drinkers, in particular young women. Full strength spirits have remained stable over this time.

Beer, however, has become less popular, especially over the last decade. Back in 1946 beer accounted for 97% of total consumption. By 1995 it still held on to 82% of the share, but now accounts for 69% of all alcohol available for consumption. Some of this market share it has lost to wine, which has increased over this period to a fifth of all beverages available.

Consumption trends

Over the past few decades per capita consumption trends in New Zealand have broadly been consistent with trends in many other Western, high alcohol consumption countries — that is, a steady increase in consumption from the post war period until the early 80s, followed by a slight decrease to a fairly stable level. Consumption in New Zealand peaked in the mid 70s to early 80s, then decreased to a low point in 1997-98 (still significantly higher than in the first half of the century). But here the decreasing consumption trend in New Zealand appears to have turned around, showing an overall trend towards increasing consumption since the late nineties *(see figure)*. Between 1997 and 2005 per capita consumption increased from 8.67 litres per person to 9.4 litres.

Exactly what influences consumption and how are complex questions. Economic changes, such as increased disposable income and excise tax changes; demographic patterns, changes in social norms such as an increase in women's drinking, and policy changes such as liberalisation of laws around availability, purchase age and alcohol promotion, can all contribute. While the effects of some of these changes are immediate, others are likely to take time to show up in national consumption data.



Statistics New Zealand, 2006

In New Zealand, liberalising policies which were initiated in 1989 and continued through the 90s, have strongly affected the environment in which alcohol is used. In a 2000 national survey, drinkers who reported drinking more said they did so because: alcohol is available at almost all social occasions, they have access to more money, there's greater ease of availability of alcohol including longer hours, problems and stress in their life; it's cheaper; a belief that alcohol is safe or good for their health; or they felt like a drink following an advertisement.

How we compare

A WHO (2003) table ranks New Zealand 10th of 21 OECD countries in consumption, around the same as Australia at over 9 litres pure alcohol per person annually. That's significantly more than the global average of 5.8 litres.

While most countries with which we usually compare ourselves have stable or decreasing consumption, a handful have experienced an increase in recent years. Notably, per capita alcohol consumption in Ireland rose by 41% between 1989 and 1999 and reached a huge 14.5 litres per person in 2001. The rise has been linked to an economic boom. A strategic task force has recommended increasing taxes, lowering legal blood alcohol levels and limiting advertising. Consumption in the UK is rising, making it now one of the heaviest consuming countries in the world, with a corresponding surge in alcohol-related deaths in recent years. Canada, after a long period of gradual decline in consumption, has also shown increasing trends albeit at lower levels of consumption than ours.

And which countries lead the world in alcohol consumption? World Drink Trends figures from 2003 report that Uganda has a per capita annual consumption of 19.7 litres, Luxembourg 17.54 litres, and the Czech Republic 14.5 litres. At the other end of the list are, unsurprisingly, a selection of Middle Eastern countries with zero reported consumption.

Interpreting overall consumption figures, however, is fraught with hazards. They don't tell us, for example, that in many countries the bulk of the alcohol is drunk by a small portion of the population. New Zealand's erratic overall consumption figures in the last decade obscure an increase in consumption among young drinkers and women, evident in survey research which shows marked increases in volume of alcohol consumed by drinkers under 20 years and women of all ages. Low recorded consumption figures in many developing countries, such as Fiji (1.69 litres in 2003) masks the fact that the few people who drink consume a great deal in hazardous ways. In the US consumption is stable at around 8 litres, lower than our own, but only around 65% of the population are drinkers — there are more than twice as many abstainers as in New Zealand and Australia.

Nor do consumption averages give information about how we drink. Regular, daily drinking has different health outcomes than occasional binges. France, for example, despite their reputation for intolerance of drunkenness, consumes a massive (but steadily decreasing) 14.8 litres per person, while the Swedes and Nords, though both around average in the world per capita consumption stakes, tend to follow the pattern characteristic of Northern European countries — drinking to intoxication.

Alongside their leaps in economic development, many developing and transitional countries are showing marked increases in their alcohol consumption. Though accurate figures are difficult to obtain, consumption in Pacific nations for example, is rapidly increasing. Significantly, the huge markets of China and India have steadily increasing rates of recorded consumption and are a growing focus of alcohol industry attention.

Putting difficulties of interpretation of consumption statistics aside, in general there's agreement among experts about what needs to be done to reduce public health costs associated with alcohol. Strategies need to cover three general aims: they need to reduce the overall rates of drinking in the population; reduce the frequency of heavy drinking occasions; as well as separate alcohol use from certain behaviours such as driving, or times of life, such as when young or pregnant.

NB Per capita consumption rates expressed in this article are in terms of litres of pure alcohol per person over 15 years

A different approach to policy required

Viewpoint: Alcohol Healthwatch Director Rebecca Williams reflects on New Zealand's policy approaches in light of increasing consumption

The trend towards increasing per capita consumption, strengthened by the recent release of 2005 statistics, lends confirmation and urgency to Alcohol Healthwatch's campaign calling for a stronger and more collective approach to legislation and other strategies relating to alcohol.

We are not a lone voice in this. We are joined by national and international bodies also sounding the call. The World Health Organisation resolution last year and the World Medical Association's recommendations to reduce the global impact of alcohol, are advocating similar approaches. Closer to home the New Zealand Medical Association and the Royal Australasian College of Physicians are calling for a raft of stronger policy measures to significantly impact on the high burden of alcohol-related harm in New Zealand.

The responsibility for reining in the increasing consumption and reversing the subsequent increase in harm lies firmly in the lap of policy makers, who have taken a piece-meal approach to alcohol policy.

This year presents two opportunities to make changes to areas of legislation. The Law and Order Select Committee has begun hearing oral submissions on The Sale of Liquor (Youth Harm Reduction) Bill, and the steering group and terms of reference for a review of liquor advertising are slowly taking shape. Many of us have worked hard to create these opportunities and look forward to following them through constructively. However, we must ensure history does not continue to repeat itself. Reflecting on past opportunities to shift alcohol policy, we have seen various policy issues emerge for airing. We watch as they receive a dusting off, maybe a tweak here and there, only to be sent back to the 'too hard' cupboard for years, possibly even decades, before being seen again.

Take, for example, the attempt to lower the legal blood alcohol level for driving to .05mg/ml in December 2003. Despite clear evidence for its effectiveness and strong community support it failed to make it past Cabinet. So a chance to update a limit that was set in 1978 — long before research confirmed that important driving skills are affected by even small amounts of alcohol — was shelved again for who knows how long.

And some issues never quite make it to the starting gate. For example, excise tax could be employed more effectively to reduce harmful consumption and recoup health and social costs, yet the very mention of the words 'tax' or 'price controls' draws alarm from industry interests and politicians alike and appears to be a no-go zone. Meanwhile we stand by and watch as the march of discounted liquor stores on our communities takes hold.

If we were serious about achieving a change to our drinking culture, we would stop picking off policies one by one and consider laws affecting sale and supply, pricing, alcohol marketing and road safety as a whole. We would take some bold policy decisions sooner rather than later and apply sound monitoring and health impact assessments to the changes. The revision of the national drug policy and alcohol strategy could be seen as an opportunity to enable this, providing a framework for identifying the most effective policies and opening the way for them to be realised.

We are more than just a heart!

Viewpoint

Christine Rogan

Four years ago this newsletter contained an article suggesting that the promotion of alcohol's health-giving properties was largely based around inconclusive, inexact science. Four years on and what, if anything, has changed?

Media headlines and the global liquor industry have continued to merrily feed the public thirst for good news about alcohol. After all, who lets a word of caution get in the way of a good story? I confess I'm like that about research on chocolate!

November 2005 and the Oprah Winfrey Show special on diets trotted out a prominent cardiologist (actually Bill Clinton's doctor) who was thanked appreciatively by a grateful Oprah for including red wine on the list of the best of all possible diets. The studio lights glinted off a sparkling glass of full-bodied red, without so much as a whiff of caution uttered by the 'expert' other than a mumbled mention of a calorie trade-off. It was a one-size-fits all health message, worthy of a wine merchant's sales pitch. Resveretrol, an apparent anti-oxidant miracle of longevity found in the skin of grapes, was enthusiastically espoused as one of the reasons for the healthful properties and why, he reiterated, the French do so well with their eating and drinking. Who would question such a man — especially with an Oprah Winfrey seal of approval?

So what, then, of the reality that generally fails to make it to such high profile media? The quintessential "French Paradox" study that the good doctor referred to, could be more aptly called the "French Parody". The story goes that the French have a high fat diet but lower coronary heart disease than their neighbours, which was at the time attributed to alcohol. The wine industry boomed, of course, but since then the same French researchers have revised their findings. The seemingly lower death rates were actually the result of French coronary mortality data being coded in a different way (The Globe, 2000).

Research on the health-giving properties of red wine has produced conflicting results (Alcohol Alert, No 45) and remains uncertain. According to the Division of Cardiac Surgery in Toronto (Szimitko and Subodh, 2005): *"Definitive data from a large-scale, randomised clinical end-point trial of red wine intake would be required before physicians can advise patients to use wine as part of preventative or medical therapies."* It seems that a sweepingly inaccurate statement beamed directly to Oprah Winfrey fans worldwide does not constitute patient advice!

Having any number of studies where the author suggests that alcohol is the key health factor does not constitute 'proof'. The studies pointing to heart health from drinking alcohol are observational not randomised studies, and they have innumerable variables that need to be counted, but usually aren't. Many studies that have critically considered other confounders, such as other lifestyle and socio-economic factors, generally don't find the association (Tsubono et al., 2001; Fillmore, 2000; Hart et al., 1999; Thakker, 1998; Andreasson, 1998).

Leaping to conclusions and media hype is one thing, but I have difficulty when these assumed protective effects from drinking find their way into our health policy documents, a practice that may be continuing. Based on the so-called protective effect of alcohol, Connor et al. (2004), reporting on the burden of death, disease and disability due to alcohol in New Zealand, calculate that alcohol prevents as many deaths as it causes, albeit in the upper age groups. The inclusion of this presumed benefit substantially reduces the overall cost burden, which in turn weakens the responsiveness to alcohol-related harm at a time when it needs strengthening.

Change may be in the wind. The French researchers are not the only one ones wishing to reign in the 'alcohol is good for your heart' message. Closer to home, New Zealand epidemiologists who advocated alcohol's protective effect, appear now to be questioning whether they got it right after all, and have said so in 'The Lancet' (3.12.05). This response was precipitated by a large USA study that rigorously assessed confounding factors in data from 250,000 adults (Naimi et al, 2005)*. The researchers concluded: '*These findings suggest that some, if not all, of the health protective factors attributed to alcohol are more likely to be the result of residual or unmeasured confounding characteristics associated with increased CVD mortality*' . The confounding characteristics included social, behavioural and demographic factors, access to healthcare and other health related conditions. Those with multiple factors were progressively more likely to be non-drinkers.

It may take a while to convince avid Oprah fans that alcohol is not all it is cracked up to be when it comes to health, but my hope for 2006 is that we will see more accurate advice from doctors; an end to unqualified and oversimplified health messages from the liquor industry and, last but not least, recalculated alcohol burden of disease figures that translates into increased investment into reducing alcohol-related harm.

And next time you read in some magazine 'drink for your heart's sake', you could always take a one eyed view of the anti-oxidants delights of chocolate (with the other eye firmly on the calorie trade-off of course)!

Naimi TS, Brown DW, Brewer RD, Giles WH, Mensah G, Serdula MK, Mokdad AH, Hungerford DW, Lando J, Naimi S, Stroup DF. (2005) Cardiovascular risk factors and confounders among non-drinking and moderate-drinking U.S. adults. American Journal Preventive Medicine 29(3):243.

National Policy Update

Multi-agency review of the regulatory framework for alcohol advertising

This is slowly taking shape with more detail of the scope and process of the review becoming available. We are awaiting an announcement of steering group members who will oversee the review and take recommendations to the Minister, Hon Damien O'Connor. The review will identify areas in which the current regulatory framework does not meet the Government's policy goals and seek possible solutions. Aside from hearing public submissions, the review team will consult with identified stakeholder groups from industry, non-government, community and other organisations.

Note: Alcohol Healthwatch has two briefing papers on marketing on its website: www. ahw.co.nz
Alcohol advertising: in support of increased restrictions (2003) overviews research and policy options relating to alcohol advertising
Alcohol marketing, an update (2005) discusses contemporary marketing practices internationally and within New Zealand and the implication of these for regulation.

Sale of Liquor (Youth Harm Reduction) Amendment Bill

Some oral submissions have been heard by the Law and Order Select Committee on this private member's bill. The bill canvases issues of supply to young people, including the purchase age, and broadcast advertising.

Splitting the age — a good compromise or not?

Recent discussions, as reported in the media, have considered the possibility of 'splitting the age', resulting in a purchase age of 20 years for take-away alcohol and 18 years for on-licensed premises. Some discussions have mentioned a 'drinking age' of 18, that is, prohibiting all consumption under this age except under parental supervision.

Judge Unwin, Chairman of the Liquor Licensing Authority, has said that Parliament may want to look at putting up the purchase age in off-licences only, as an initial step. In a recent survey of Police Association members, more than 80% supported raising the purchase age to 20 years, and the majority were also in favour of a split age option, since most of the problems they encounter stem from off-licence purchases.

However, some are not supportive of the proposal. Ross Bell of the Drug Foundation, for example, says there is no evidence to support a split-age model, which would at best be another experiment.

Alcohol Healthwatch Director Rebecca Williams says that, while the option of splitting the age for on-premise and take-away alcohol may have considerable appeal as a compromise, the best outcome for public health would be a consistent 20 year purchase age with strengthened controls on supply and unsupervised consumption by young people. She says that retaining an 18 year age for purchase on premises is not supported by research evidence which shows violence and disorder in and around licensed premises and has indicated that there is considerable heavy drinking among young people in licensed premises.

She agrees, though, that options such as 'splitting the age' and possibly combining this with a 'drinking age' are worth having a full discussion about at this point.

"If we're talking about a 'drinking age' of 18, as is sometimes mentioned, we need to carefully examine the implications, such as where the burden of responsibility for young teens consuming alcohol should lie."

Licensing Matters

Licensing authority reports more enforcement

A major increase in the number of enforcement applications, 70% more than the previous year, was identified in the last report of the LLA to the Minister of Justice (for the 12 months ended 30 June 2005). The LLA predicts that the number of enforcement applications will continue to increase "in a more moderate way" with even more proactive enforcement expected. However the majority of all licensed premises, the report says, "are operating within the spirit and terms of the Act".

Out of a total of 354 enforcement applications, there were 92 suspensions of on or off-licences, ranging from periods of 16 hours to six weeks, and one on-licence was cancelled. The most common outcome was suspension of general managers' certificates (144). Sixty-two applications were refused, adjourned or withdrawn.

There are indications that the number of licence applications may have plateaued, the report says.

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