

News Views

The Newsletter of Alcohol Healthwatch

Community Action – Making Progress

The **Waiuku Alcohol Project** has made notable progress towards its objectives. A recent evaluation documents the project's activities to date, highlights the gains made and shines a light on the path of its future development.

The project began in late 2003 because of the area's high rates of drink-driving and local concern regarding alcohol use by young people. Geographic and demographic features plus a demonstrated community readiness were also factors.

Project objectives include reducing social supply and access to off-licensed purchases by young people under 18, reducing on-license intoxication of young people, reducing drinking and intoxication in public places.

The evaluation identifies the dedicated co-ordination role as a particular strength, as are the relationships developed by the co-ordinator.

The project has raised awareness and encouraged greater collaboration between the stakeholders involved.

Alcohol Healthwatch Director Rebecca Williams, whose organisation hosts the project, says that they are thrilled with the progress to date. She says that it was never expected that problems would be solved overnight. "What we wanted to do was to demonstrate that change is possible, to get people talking about the issues in a constructive way and then working together on solutions. That is what the project has done."

One of the first initiatives undertaken was a designated driver campaign. The campaign involved a range of training events with staff of licensed premises and the promotion of 'designate a driver' messages on t-shirts, posters and coasters. Williams says it was a useful exercise to not only get a positive message out into the community but also in bringing the interested parties together and getting the communication lines open.

A rangatahi focused designated driver initiative is now underway, in partnership with ACC Safer Rohe and a number of other youth focused activities are in planning.

The project co-ordinator worked in collaboration with Police on operation 'Wrath' which brought together a range of police resources in an intensive operation to reduce the road toll in the area. The project linked into this operation with community activities, a billboard campaign and a school poster competition organised by Maori Wardens promoting sober driving.

The project has also involved other initiatives with licensed premises, sports clubs and local schools. There have been several community forums with guest speakers including Celia Lashlie and former Silver Fern Bernice Mene.

The supply of liquor to under-age young people by parents and older siblings has continued to challenge project stakeholders.

One strategy to help address this issue has been the development of the "Waiuku Families" website. The aim of the website is to provide a range of tools, information and strategies to support parents and families.

The website is hosted by the Freed'em Youth and Family Trust and is one of the strategies with a longer term goal of building community capacity and ownership, helping to

address sustainability issues.

The project has extended its influence through presenting a submission to Franklin District Council on their Long Term Council Community Plan. The submission made a recommendation that Council develop a comprehensive alcohol harm reduction strategy. This is currently under development.

Current project co-ordinator Sjimmy Fransen believes the Council's commitment to the strategy and the project is an important step to achieving the ultimate goal of reduced alcohol-related harm.

The evaluation identifies community support for the continuation of the project in order to reinforce the gains already made. Mr Fransen says that the project has enjoyed strong and enduring support from a wide range of stakeholders.

"This is the ultimate gift as there is much work still to do."



One of the messages developed by Rangatahi

Today's Teenagers More at Risk

A series of articles recently published in The Lancet.com focus on the health of adolescents in today's world.

In a commentary on the series adolescent health is described as 'neglected, marginalised or ignored' in many countries. It says that modern lifestyles pose many risks and dangers for today's adolescents. Obesity, sexually transmitted diseases and alcohol and other drug use are among the issues discussed in the series.

The misuse of alcohol and other substances is recognised as contributing the major proportion of disease burden and deaths for young people in developed nations. Article 4 of the series states that hazardous alcohol use alone has been estimated to cause 31.5% of all deaths in 15-29 year old men in the developed world.

In children, exposure to alcohol is known to harm the healthy development of body, brain and behaviour and can increase the risk of dependence in adolescence. Patterns of abuse predict chronic use, mortality and morbidity in later life. A mismatch between biological maturity and social maturity is highlighted as is the failure of many countries to put sufficient emphasis on the special needs of adolescents.

The series includes an analysis of the efficacy for interventions to reduce harm associated with substance abuse by adolescents. They call for "concerted application of a combination regulatory, early intervention, and harm-reduction approaches". Interventions listed in the series as being the most effective include: improving conditions for healthy child and adolescent development – beginning pre-birth; using laws, policies and enforcement to reduce supply and demand such as price controls through taxation and limits on outlet density in communities; and early screening and brief intervention.

The series was published online March 27, 2007 www.thelancet.com

The Lancet Cuts To The Quick On Alcohol Harm

Alcohol is rated number five in the top twenty harmful drugs according to a paper published in the highly respected medical journal, The Lancet (Vol 369, 2007).

A new system for assessing drugs on the basis of fact and scientific knowledge calls into question the unsystematic and unscientific way in which drugs have been classified under the British Misuse of Drugs Act. That system ranks drugs as Class A, B or C, category of controlled substance but leaves harmful drugs like tobacco and alcohol unclassified.

The new assessment system is based on separate facets of harm and did not distinguish between socially acceptable and illicit substances. These included:

- acute physical harm – immediate effects
- chronic physical harm – health consequences
- intravenous harm – transmission of diseases

- dependence – repeated use
- social harm – harm to society.

Two independent groups of experts were asked to do the rating, a national group of consultant psychiatrists who were members of the panel of the Misuse of Drugs Act (2000) and a separate group of drug experts who applied a scientific methodology known as 'delphic analysis'. Similar results occurred from both groups.

Number one on this Top 20 list was unsurprisingly heroine, a Class A controlled substance. Alcohol, an unclassified substance, came in at number 5 overall with tobacco at number 9. Cannabis GHB and Ecstasy were at the lower end of the harm rating.

The authors suggest that this rational scale calls strongly into question the current arbitrary 3-category classification. They suggest that if that system were to be retained then it would be more accurate to represent the top five drugs as class A drugs, those from Cannabis down as class C drugs and everything in between which includes tobacco and methamphetamines as class B drugs.

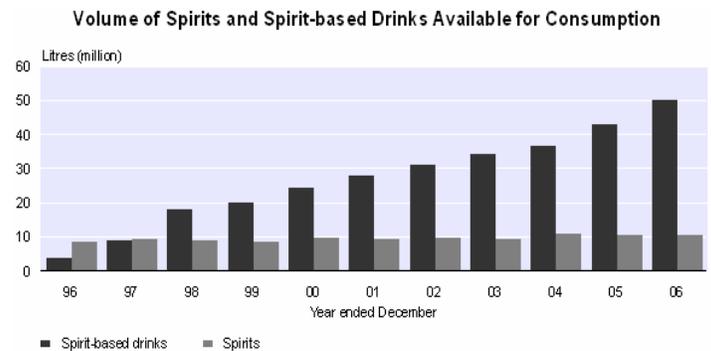
Consumption Up Again

We are drinking more according to national consumption figures released by Statistics New Zealand in February 2007.

The total volume of alcohol available for consumption is the highest since 1986, reaching 463.9 million litres in the year to December 2006. Per capita consumption (per head of population aged 15 years and over) is approaching 9.5 litres per year after reaching a low of around 8.7 litres in 1998.

When looking beneath these broad measures there are plenty of reasons for concern.

The only beverage group continuing to show marked increases in consumption is the spirit-based drinks, more commonly known as ready-to-drinks (RTDs) or alcopops. This group showed a 16.3% increase in availability in the year to December 2006, similar to the 16.6% increase in the previous year.



Beer remains the most popular beverage, however overall volume has been declining over the last two decades. Higher strength beers are showing the only increase in the beer market.

Wine has seen a moderate growth in volume over the last decade. This is probably due to the wider range of products available, accessibility to quality New Zealand wines and an increase in drinking by women generally. The volume of higher strength spirits available for consumption has remained relatively stable over the last ten years.

Comparing the consumption data with our national drinking behaviour surveys it doesn't take long to identify where the extra alcohol might be going. Young people, both male and female, and women are the most likely bearers of the increased risk and burden of harm.

RTDs have the greatest popularity among young women. In fact these drinks are more popular with 14-17 year old women than they are with 20-24 year old women.

The consumption increases are coming from drinkers drinking more, rather than more people drinking.

Heavy drinking peaks at the ages 18 and 19 years, dropping from 20-24 years following the lowering of the minimum purchase age in 1999. Many of our young drinkers are establishing heavy drinking patterns before they reach the legal purchase age. Therefore it more than likely that our younger drinkers are driving consumption increases.

View Point

By Alcohol Healthwatch Director - Rebecca Williams

Researchers are telling us that today's teenagers are experiencing worse health than earlier generations, and have clearly identified alcohol as a key contributor to this. A quick scan of a week's media clippings demonstrates just how real this is for us in New Zealand: family violence reaching epidemic proportions with alcohol singled out as a lead factor, liquor outlets continuing to sell to minors despite 2 ½ years of 'sting' operations, Police promising to get tough on people flouting liquor bans and over 300 drunken youths gate-crashing a party - just to list a few. Into this mix comes an announcement from Coca Cola Amatil that as part of its 'Strategic Review' they plan to enter the New Zealand liquor market.

Back in August 1993 the front page story of the Alcohol Healthwatch newsletter was "**Young People and Alcohol: A Cause for Concern**". By then New Zealand had already begun the process of removing controls on the density of liquor outlets, extending the hours of trading and allowing supermarket and grocery sales of wine. We had also allowed the broadcast advertising and sponsorship of alcohol, at the time when we prohibited that of tobacco products.

Ready-to-drinks/alcopops came on to the market around 1995, with nothing being done to limit these despite their obvious appeal to young people. Only a few years later these beverages were driving national alcohol consumption levels up and continue to do so.

Further amendments to the Sale of Liquor Act in 1999 lowered the minimum purchase age to 18 years, allowed beer sales in supermarkets and Sunday sales.

There were strong indicators at the time these changes were made linking such actions to increased harm or at least increased risk of harm. Evidence has only grown stronger since. We certainly cannot say that we did not know that our population and our youth particularly, would be adversely affected by such changes. Calls to resist were ignored.

So just how will any new player in an already saturated liquor market attract consumers to their brands? They will find existing consumers a tough nut to crack. Aggressive and persistent marketing, including cut-price promotions, will be required to get established drinkers to switch to new brands. So let's look at where new consumers might come from. There are several markets that provide some scope – women, Maori, Pacific and new migrant populations. But the key market of course will be young people. This is the market that will provide a steady source of potential drinkers.

We know that young people are already exposed to more alcohol advertising than those over the legal purchase age and that this predisposes them to drink earlier and heavier. We know that the sports most popular with 5-17 year olds are more than twice as likely to be sponsored by sponsors whose products are classified as "unhealthy", (e.g. food high in fat and sugar, gambling and alcohol). Whether this is deliberate or by default the effect is the same.

The liquor industry relies on our heavy drinking patterns to sustain their profits. As mentioned in our article on consumption, heavy drinking peaks at 18 and 19 years of age. If every drinker turned over a new leaf tomorrow and only drank moderately can you imagine the result? The thirst for profit of the globalised liquor industry will simply not be quenched by moderate consumption.

The Lancet articles on adolescent health reported in this newsletter are yet another wake up call that our approach to alcohol is not congruent with the nation's aim to reduce alcohol-related harm. For 20 odd years now we have played the 'market rules' game, giving commercial interest the advantage and I believe that this has elevated alcohol to be our single biggest health and social issue. There are absolutely no benefits to be gained by young people drinking alcohol, only harms with significant costs, both short and long term. Despite this we continue to allow them to be exposed to the vigorous promotion of alcohol and drinking, poor models of behaviour and provide few tools or supports to choose otherwise.

It's time to change the rules and prioritise measures that actively delay the onset of alcohol consumption by young people and effectively curb heavy drinking by all. If that means restricting access to and marketing of liquor to us adults so be it. We'll cope!

We currently await the release of the report from the review of alcohol advertising (still not available at time of publication), wait for the review into sale and supply to minors to be completed, wait for the application for warning labels for alcohol to be considered.

These opportunities must be taken to introduce meaningful restrictions on all forms of marketing and promotion of liquor, increase the price, advise drinkers of the harms concerning consumption of liquor particularly during pregnancy and address community concerns regarding the density and location of outlets as a start. Our kids deserve it!

The Time Has Come



The message from children and young people with FASD

Question? What conference would attract seven Ministers from seven different Governments to attend a conference together on a Saturday?

Answer. The 2nd International Conference on Fetal Alcohol Spectrum Disorder: Research, Policy and Practice around the World, held recently in Canada.

Why? Because these Ministers recognise that FASD is common (1/100 live births or more), that it is expensive (costing Canada upwards of \$4 billion each year), it's devastating for individuals, families and society in general and it's preventable. They also recognise that prevention, surveillance, intervention and diagnosis are inseparable and require an integrated, collaborative response.

The Ministers, from British Columbia, Alberta, Manitoba, Saskatchewan and Territories - covering a population of approximately 9 million - are part of the Canadian Northwest FASD Research Network, a partnership between 7 governments and Provincial Health Services authorities and experts in the field of FASD. Their focus is not *whether to* but *how best to* provide interventions. Approximately 170 projects and programmes are currently active in that part of the world and there is evidence that this is having a positive effect, reducing the number of babies being born with Fetal Alcohol Syndrome.

The Conference held over 4 days in Victoria Canada, was attended by 1200 representatives from 14 countries across all continents. Some like the United States and Canada are advanced in their response to addressing FASD and others are just beginning that journey and were there to learn more.

Delegates ranged from professors to parents, doctors to lawyers, teachers to social workers, judges to researchers - all pioneers in their field sharing a passionate interest and commitment to addressing FASD.

The conference had 180 speakers presenting on their particular area of expertise via 6 plenary sessions, 74 simultaneous workshop sessions and 24 poster presentations. These topics covered the spectrum of FASD issues ranging from the micro to the macro- for example:

- ✓ Understanding genetic protective effects
- ✓ Developing biomarkers
- ✓ MRI and fMRI technology of FASD psychology and psychiatry
- ✓ Prevention awareness programmes
- ✓ Maternity care
- ✓ Addiction and mental health
- ✓ Human rights and disabilities
- ✓ Programmes for children with FASD and their families
- ✓ FASD legal and youth justice issues
- ✓ Programmes for indigenous communities
- ✓ Diagnostic training advances
- ✓ Epidemiology
- ✓ Policy

The message from families affected by FASD has never wavered - Diagnosis is the key to success. Their message at this conference was taking that a step further to be about "**Finding Acceptance Support and Dignity**".

The message from the children and young people with FASD at the conference was "It's our time: Go tell the World."

A New Paper Joins the Alcohol Action Campaign!

Alcohol Healthwatch is pleased to announce the release of a new paper to join those already in the Action on Liquor Campaign. The paper entitled **Fetal Alcohol Spectrum Disorder in New Zealand: Activating the Awareness and Intervention Continuum** is based on the latest evidence regarding the effect of alcohol on the unborn child, the cost both socially and fiscally and evidence-based strategies to address issues to do with prevention, intervention and support. The paper covers information on:

- Fetal Alcohol Spectrum Disorder (FASD)
- FASD in New Zealand
- NZ policy and action
- Moving forward on FASD prevention
- Improving the outcome for affected child and family

It includes a list of recommendations pertaining to all aspects of FASD prevention and intervention and the Alcohol Healthwatch position on the issues discussed in the paper.

For a copy of this paper and all others in our Action on Liquor series please visit our website www.ahw.co.nz.



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