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The Newsletter of the Alcohol Advisory Council of New Zealand  
Te Pānui a te Kaunihera Whakatupato Waipiro o Aotearoa

Vol 2, No 4, March 2002

A daily drink reduces dementia

Red wine does heart good

Alcohol prevents heart attacks – scientist

Drinking can shrink your brain

‘Healthy alcohol’ study has flaws

Alcohol increases breast cancer risk

## FEATURE

**Drink up – it’s  
good for you.  
But is it?**

## PACIFIC PEOPLES

**Turning tides –  
time for change**

## POLICY

**Ban on drinking  
alcohol in public**

## NEWS

**Young people  
and women  
drinking more**

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## About the Alcohol Advisory Council

The Alcohol Advisory Council of New Zealand was established by a 1976 Act of Parliament, under the name the Alcoholic Liquor Advisory Council (ALAC), following a report by the Royal Commission of Inquiry into the Sale of Liquor.

The Commission recommended establishing a permanent council whose aim was to encourage responsible alcohol use and minimise misuse.

ALAC currently advances this aim through six programme areas – policy, liaison and advocacy; information and communication; research; workforce development; intersectoral and community initiatives and treatment.

ALAC is funded by a levy on all alcohol produced for consumption in New Zealand and employs 22 staff. The Council currently has 8 members and reports to the Minister of Health.

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# Alcohol Advisory Council

### Mixed messages: confused public

Every time I see a newspaper headline proclaiming yet another study purporting to demonstrate the benefits of alcohol consumption, I groan inwardly. There may well be good evidence to support the claim, which the public has every right to know. Nevertheless it adds to their utter confusion as to what advice to follow. At a time when the public is demanding better information around what foods and drinks they consume, they are confronted with a plethora of headlines which seem to contradict each other; headlines are designed to catch the eye and the details are often ignored – for example, ‘Alcohol prevents heart attacks, says scientist’.

Different groups have different agendas in promoting particular messages. The alcohol industry wants to promote the beneficial effects of wine, beer and spirits on heart disease and strokes. The public health industry wants to alert the public to the risks of alcohol, especially heavy drinking. In the end it is little wonder that there is confusion in the minds of the public. So often ALAC finds itself trying to chart a course between the different views as they all have an element of truth in them.

As a consequence of all these mixed messages, those of us in the health area struggle to get the trust of the public when we have something serious to say. And yet we desperately need to build that trust.

David Lewis writing in the *Brown University Digest of Addiction* sets out three caveats that neither professionals nor the public should forget when discussing the benefits of alcohol. These are reported in the lead feature of this issue of *alcohol.org.nz* (see page 2). We could do well to remember his words.

There is a judicial review being undertaken at the moment in Australia which, if successful, could result in a warning label being placed on all alcohol containers in New Zealand and Australia. The warning label proposed is: ‘This product contains alcohol. Alcohol is a dangerous drug’. Try to translate this into a meaningful message for the 85% of the population who consume alcohol sensibly most of the time. Warning labels can raise awareness of issues but there is scant evidence they achieve any more than that.

A case in point is the study which showed drinking drivers were more likely to have spotted the warning labels on the dangers of alcohol and pregnancy than the warning that alcohol affects driving performance.<sup>1</sup>

When it comes to ‘good news/bad news’ stories people will always focus on those stories which fit their particular view on life. They’ll read the headlines but not all the detail. The public should be given accurate and balanced information. Overstating either the benefits or the risks is dishonest and unhelpful.

*Mike MacAvoy*



Dr Mike MacAvoy, Chief Executive Officer

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<sup>1</sup> Parker RN, Saltz RF, Hennessy M. 1994. The impact of alcohol beverage container warning labels on alcohol-impaired drivers, drinking drivers and the general population in northern California. *Addiction* 89: 1639-1651.

Daily drink reduces den  
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Alcohol prevents heart attacks -  
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# Drink up – it's good for you.

Scarcely a month goes by without yet another story in the media hailing the health benefits of alcohol. But as KATE MAHONY asks, is it all good news?

"Red wine is good for your heart. So enjoy," says the host of the party refilling his guest's glass.

These days thanks to a continuing stream of news media stories about research into its benefits everyone, it seems, is aware that red wine is supposedly good for you. There have been a number of differing theories as to why red wine offers health benefits to drinkers. More recently, however, researchers have found that any type of alcohol has properties that provide health benefits.

It would be fair to say that, when it comes to the qualifications the researchers usually place around these findings – such as who actually benefits from drinking alcohol and the quantities which might effect that benefit – there's less awareness, indeed even confusion about it, among the general public. When, for example, does 'moderate' drinking move over into the danger zone where alcohol actually brings more harms than benefits?

Numerous studies now tell us that the major health benefit of alcohol in moderation is that it reduces the risk of coronary heart disease (CHD) – the most common cause of death in New Zealand (1 in 3 of us will die of a heart attack). It also has a protective effect on the incidence of ischaemic stroke. Research is continuing to come out that indicates alcohol can have a protective effect on diabetes (Type 2), gallstones, kidney stones and osteoporosis. It is thought that it may protect against conditions such as Alzheimer's disease or old-age senility.

Epidemiologist Professor Rod Jackson of the University of Auckland has studied the association between light-to-moderate drinking and reduced risk of CHD. He confirms the view that *any* alcohol if drunk in moderation (about 1-2 standard drinks a day), will reduce a person's risk of a heart attack

and also that of an ischemic stroke between a quarter and a half. This, he says, has been consistently observed, and the evidence is convincing.

Says Rod: "Regular small doses of alcohol increase what is referred to as an individual's 'good'

cholesterol, the HDL cholesterol. Alcohol also makes your blood less sticky, which stops the blood clots that cause most heart attacks and strokes."

All this sounds like good news indeed for those who enjoy their beer, wine and spirits. More like a "good news/bad news story" cautions Rod, who is based at the Department of Community Health in the Faculty of Medicine and Health Science. The good news is that there are benefits to moderate drinking (with certain qualifications). But drinking alcohol is always a balance between benefits and harm and it is all about calculating these, he says.

Rod says the benefit is only to those people whose risk of heart attack and stroke is high enough to significantly gain from having the risk lowered, and this falls into a certain age range.

"In general, men have to be over 45 to 50 and women over 55 to 60 to get more health benefits than harm from drinking. Men are more at risk of heart attack than women in the earlier years (45 to 55) but by 60 women catch up to men in being at risk of heart attacks. (While women generally suffer fewer heart problems than men do, post-menopausal women are at increased risk due to the loss of their protective female hormones.)

Moreover, he says, the benefits are unlikely to be cumulative as evidence suggests that much of the benefit occurs soon after drinking. So years and years of moderate drinking by younger people are not going to be beneficial in terms of building up any protection.

In fact, in a study reported in the *Journal of Epidemiology and Community Health*, the authors cited recent research which suggests that for alcohol consumption to be beneficial, men should not drink until after the age of 34, while women should steer clear until they are 54.<sup>1</sup>

The same study analysed population data on death rates and alcohol consumption for England and Wales in 1996 and 1998. The data was used to calculate years of life lost and gained as a result of drinking alcohol. The results showed that alcohol reduces overall death rates by around 2% because it protects



Rod Jackson



## But is it?

against coronary heart disease. But the gains were largely seen in men over the age of 55 and women over 65.

At the same time, the calculations indicated that around 75,000 years of life were lost prematurely because of alcohol – and predominantly in men under the age of 44 (in 1996). Road traffic accidents, suicide and alcoholic liver disease accounted for most of the deaths. In women alcohol accounted for deaths from accidental falls, breast cancer, stroke and cirrhosis of the liver.

Rod Jackson agrees that while alcohol can have real health benefits, the adverse effects from alcohol are equally real.

Among those adverse effects associated with drinking can be included haemorrhagic stroke, irregular heartbeat, sudden death, cirrhosis of the liver, addiction, increased risk of high blood pressure, violent behaviours, inflammation of the pancreas, brain damage, headaches, malnutrition and a risk to the unborn child of Fetal Alcohol Syndrome.

Rod says to get an overall benefit from drinking, your risk of heart disease and stroke has to be high enough that the heart benefit from drinking **outweighs** the cancer and injury harm from drinking.

“For example, if you are a 70 year old man with a risk of a heart attack or stroke in the next 5 years of 20%, then regular moderate alcohol consumption may lower it by 5% to 15%.

“But the same drinking may increase your risk of cancer and injury from about 5% to 8%.

“So for this 70 year old man, the benefits (a 5% reduction in risk of a heart attack and stroke) outweighs the harms (a 3% increase in risk of cancer and injury).”

The balance of risks and benefits are very different, however, for younger people who tend to have a much lower risk of heart attacks or stroke and higher risk of injury.

Most men under the age of 50, and women under the age of 60, have a risk over the next 5 years of

heart attacks and strokes of well under 5%. Therefore even if moderate drinking halved their risk, it would only drop from about 3% to 1.5%.

Among younger people, the beneficial effects of alcohol on the heart and blood vessels are usually outweighed by the adverse effect on cancer and injury risk.

Rod says the good news is you don't have to drink for years and years to get the benefits – these happen quite quickly.

Discussion about health benefits has also led some to argue that a major health risk from even a moderate intake of alcohol is the danger that there can be a progression to problem drinking.<sup>2</sup> Whether moderate alcohol consumption for heart health will lead to alcohol abuse may be the subject of future research.

A useful recently published reference book on this topic, the *Australian Alcohol Guidelines: Health Risks and Benefits* reports that the protective effect of alcohol has been demonstrated in a large number of studies. It also notes that relatively few studies failed to confirm it.<sup>3</sup>

The *Guidelines* also note that a recent meta-analysis shows there is significant evidence that there are harmful effects in relation to CHD when people drink more heavily, that is 5 standard drinks per day for women and over 11 for men.<sup>4</sup>


Other studies, however, have shown that more than two drinks a day exert more negative than beneficial effects on cardiovascular health.



- 1 Briton A et al. 2001. Mortality in England and Wales attributable to current alcohol consumption. *Journal of Epidemiology and Community Health* 55: 383-8.
- 2 Klatsky AL. 2001. Should patients with heart disease drink alcohol? *Journal of the American Medical Association* 285: 2004-07.
- 3 NHMRC. 2001. *Australian Alcohol Guidelines: Health risks and benefits*. Canberra: National Health and Medical Research Council.
- 4 Corrao G, Luca R, Bagnardi V et al. 2000. Alcohol and coronary heart disease: a meta-analysis. *Addiction* 95 (10): 1505-1523.

# A tippie a day?

In the light of health benefits to people over 40 or 45, should GPs be recommending to their older non-drinking patients that they take up regular moderate drinking to ward off heart problems?



"We wouldn't advise this," seems to be the regular qualifier most researchers add to their reports.



"There is no good reason to encourage older men who do not drink or who only drink occasionally to take up regular drinking for the sake of their health – despite this being recommended by many physicians," Dr Gerry Shaper, of the Department of Primary Care and Population Studies at the University College Medical School in London, UK, recently told *Reuters Health*.

Shaper is the leader of a team of British researchers who recently undertook a study of men who took up regular drinking in middle age. The researchers found that this did not reduce their risk of fatal heart attack. Indeed, new drinkers seemed to have a slightly greater risk of dying of other causes compared with life-long occasional drinkers or teetotallers.

**"There is no good reason to encourage older men who do not drink or who only drink occasionally to take up regular drinking for the sake of their health – despite this being recommended by many physicians," Dr Gerry Shaper**

"Whatever small benefit there may be for heart attacks is more than offset by the increase in other causes of death."

Quoted also in the journal *Heart* about the research Shaper suggested that the finding that non-drinkers experience higher rates of cardiovascular disease and death could be caused by the fact that those in poor health may abstain from drinking alcohol.<sup>1</sup>

He disagrees with the current view on the health benefit of alcohol in preventing cardiovascular disease. As he sees it, the role of alcohol in preventing heart attacks and diminishing death rates may well turn out to be one of the "major medical myths of our time. That the 'protective' effects of alcohol have been hyped by the medical profession as well as the alcohol industry is a sad state of affairs."

Taking an opposing viewpoint is California-based cardiologist and researcher Arthur Klatsky who has studied the effects on the hearts of 129,000 adults over an 8-year period. As reported in the *American Journal of Cardiology* the study showed that in some cases the risk of heart attack was 20 to 30% lower in light drinkers than in people who don't drink.<sup>2</sup>

Klatsky, who visited this country in February 2000 as a guest of the Beer Wine and Spirits Council, commented during his visit: "If you are a proven light to moderate drinker, with no history suggesting a risk of alcohol problems and you are at risk of coronary artery disease, you should not change." For some people, he added, "abstinence may be hazardous."

Rod Jackson says he would never encourage an older person who hasn't drunk to start – "but if an older person was a moderate drinker I would never suggest they stop, even if they had had a heart attack."

Rod says in a society like ours where the majority of people do drink, people who don't drink have a good reason not to do so and he would not encourage them to drink. "There are other ways of reducing heart disease than drinking."

Muddying the waters meanwhile, are a number of reports that many studies of alcohol consumption and health relationships have failed to account for possible heterogeneity in health and drinking history among non-drinkers, combining former drinkers with lifelong abstainers in analyses.

"To the extent that former drinkers quit drinking because of illness, this could increase the risk in



the non-drinker category and underestimate the adverse effects of alcohol consumption on health if illnesses leading to the abstaining are alcohol related," writes Carla Green and Michael Polen in the *American Journal of Preventative Medicine*.<sup>3</sup>

This debate appears to be ongoing. A recent study by researchers from Tohoku University Graduate School of Medicine in Sendai, Japan has also discovered a possible design flaw in many studies based on the same defect.<sup>4</sup> Grouping ex-drinkers with non-drinkers resulted in an over-estimation of lower all-cause mortality risk among moderate drinkers.

Other researchers have made the point that findings based on studies of middle-aged males may not apply particularly well to women, the young and the elderly.

While there seem to be some protective benefits for elderly people who already drink, the *Australian Alcohol Guidelines: Health Risks and Benefits* point out that there are risks.<sup>5</sup> The body's tolerance for alcohol decreases with age and there can be harmful interaction with medications they may be taking. Alcohol can increase the risk of falling – which increases with old age – and driving may also be affected. "The potential benefits of alcohol in preventing heart disease can be achieved with as little as 1 to 2 standard drinks per day for men, and less than 1 per day for women. Similar benefits can

**Try asking any group of people, regardless of age, what would they prefer to do to prevent heart disease – change their lifestyle and dietary habits or take a glass of wine of an evening – and it is fairly easy to guess their response**

be gained from strategies such as regular exercise, giving up smoking and a healthy diet."

That said, try asking any group of people, regardless of age, what would they prefer to do to prevent heart disease – change their lifestyle and dietary habits or take a glass of wine of an evening – and it is fairly easy to guess their response.

Rod Jackson says that having a glass of an alcoholic beverage is something many elderly people probably enjoy and there is no reason to stop them. However, it may be wise for them to tell their GP – who may be currently prescribing other medication for them – what they are drinking and the amounts, he says.

1 Wannamethee SG, Shaper G et al. 2002. Taking up regular drinking in middle age: effect on major coronary heart disease events and mortality. *Heart* 87: 32-6.

2 Klatsky AL, Armstrong MA, Friedman GD. 1997. Red wine, white wine, beer and risk for coronary artery disease hospitalisation. *American Journal of Cardiology* 80: 416-20.

3 Green C, Polen M. 2001. The health and health behaviours of people who do not drink alcohol. *American Journal of Preventative Medicine* 21(4).

4 Tsubono Y, Yamada S, Nishino Y et al. 2001. Choice of comparison group in assessing the health effects of moderate alcohol consumption. *Journal of the American Medical Association* 286 (10): 1177-1178.

5 NHMRC. 2001. *Australian Alcohol Guidelines: Health risks and benefits*. Canberra: National Health and Medical Research Council.

# Good health!

Are we in danger of taking the health benefits thing too far? Are people aware enough of the reverse side of the coin – for example, the short term and long-term consequences of either prolonged heavy drinking over time or regular ‘binge’ drinking?



Nicki Stewart

Are the positive messages overtaking the important messages? For example, women who may be intending to become pregnant and could put their child at risk of Fetal Alcohol Syndrome by drinking during pregnancy need to hear messages warning them of this danger.

The messages that reach young people are also important. Dr Marc Danzon, European Regional Director of the World Health Organization speaking at a Conference on Young People and Alcohol, held in Stockholm, last year, stressed the “health threat” that alcohol posed to young people. He noted the paradox that the “positive health effects of alcohol are widely reported, yet the many others pointing up its dangers are often ignored”.<sup>1</sup>

Writer Janice Bremer in a recent issue of *New Zealand GP*, also takes this up, commenting that “the suggestion that drinking alcoholic beverages may be protective has given rise to a new permissiveness about including alcoholic beverages as a regular part of diet. This has been confusing to the general public.”<sup>2</sup>

In fact, she adds, “...singularly positive messages about alcohol may create a false security about drinking alcohol daily.”

Auckland epidemiologist Rod Jackson says the benefits of alcohol should always be reported hand in hand with the harm. For older people the benefits outweigh the harm, but the benefits and harms should be reported together.

There’s little doubt of the power of ‘good news’ stories in the media – particularly television – to effect a change in people’s drinking habits. Professor Sally Casswell, head of the Alcohol & Public Health Research Unit at the University of Auckland writes of the impact of a CBS 60 Minutes documentary, ‘The French Paradox’.<sup>3</sup> This was broadcast to 21 million US homes in 1991 and gave information about the reduced risk of coronary heart disease (CHD) associated with alcohol use. Eight months after the ‘heart friendly red wine story’ was broadcast, sales of red wine had increased substantially. Notes Sally: “The French Paradox illustrates the powerful effect possible when new information was broadcast to a wide audience and the subsequent change in behaviour was easy for people to achieve.”

Writing in a 1997 supplement to the journal *Addiction* and discussing population level policies

on alcohol, Sally notes that “heavier drinkers will interpret the ‘alcohol is good for the heart’ message as reinforcement for their current drinking levels.”<sup>4</sup>

Looking at the significance of the research around alcohol and the heart, Sally noted “the evidence had significantly contributed to the public, academic and policy debate on the cost-benefit of alcohol use.”

But placing the reduced risk of CHD into a broader perspective was “a complex matter” she wrote in the same article.

Chief Executive of the Beer, Wine and Spirits Council of New Zealand Nicki Stewart believes that there is a need for balanced and accurate information to allow the public to make informed choices about drinking. “You’ve got to have a balanced view.”

The Council produces a number of publications about alcohol and has a team including a medical advisory committee which sifts through the latest research to keep their stakeholders up to date with new information.

“It’s not in the interest of the Council to publicise only the good news,” she says. “In our moderation messages we try to put in why alcohol is good for you, but we also state the effects of alcohol abuse. We don’t push one view. We only ever quote from solid research.”

Says Nicki: “We represent the drinks industry to people and we wouldn’t be doing our job properly if we didn’t provide a balanced view. It is certainly not in the best interest of the alcoholic beverages and hospitality industries to promote heavy drinking. Moderate, responsible consumption of alcohol is good for you, research tells us that – abuse isn’t.”

Nicki says when she is speaking around the country, people often ask her for a definition of moderation. In her view, while ALAC does excellent work putting out standard drinks guidelines which essentially define moderation, she believes moderation is different for individuals. “The bottom line is you know what is moderate drinking for you. I know what my levels are and these may be different from yours.”

In her personal view, if an individual is addicted to anything, they’ll ignore what they see as ‘bad’ messages and only take on board the good news

Sally Casswell



that suits their addiction. "But I think the majority of people are intelligent. They understand their limitations. The majority of New Zealanders behave responsibly, but there is a minority who are addicted to or abuse alcohol and we as a community must help them in the best way we can."

She believes 'targeting education' to people with problems or to groups of young people is a good way of getting moderation messages out to those who need them. "We have got to be responsible in getting our messages across and we have got to be credible. We believe in putting all the information on the table and allowing people to make an informed choice."

When it comes to taking on board research about the health benefits of alcohol David Lewis, Editor of *The Brown University Digest of Addiction Theory and Applications* offers "three caveats that neither professionals nor the public should forget".<sup>5</sup>

1

There is an overall high mortality from heavy drinking. Data about the health advantages of drinking should not obscure this unassailable fact.

2

Abstinence is vitally important to several populations, such as pregnant women, automobile drivers and recovered people. This message must not be undermined by the promotion of drinking for better health.

3

A sensible public health campaign about the risks of harmful drinking must continue and should not be undermined by (recent) studies showing that the mortality for drinkers was lower than for those who abstained or consumed less than one drink per week.

In the final outcome, it seems the key is 'everything in moderation'. People who are currently drinking at low risk levels should continue to do so. People who are drinking more should reduce and people who are not drinking at all should continue not to do so.

- 1 The Globe. 2001. WHO challenges the drink industry. *The Globe: Global Alcohol Policy Alliance* 1.
- 2 Bremer J. 2001. Alcoholic beverages: diet or prescription? *New Zealand GP*: November 28.
- 3 Casswell, S. 1997. Public discourse on alcohol. *Health Promotion International* 12: 251-257.
- 4 Casswell, S. 1997. Population level policies on alcohol: are they appropriate given that 'alcohol is good for the heart'? *Addiction*, 92 (Supplement 1): S81-S90.
- 5 Lewis D. 2001. Zero tolerance advocates shouldn't whine. *DATA Addiction: The Brown University Digest of Addiction Theory and Application*: Vol 20. No.1.

See Websites of Interest, page 24.

## One study – two takes

### Long wait at the bar to enjoy that healthy tippie

Men should remain teetotal until their 30s and women until their 50s for the effects of alcohol to be beneficial, according to a new study.

The health problems of drinking before then cancel out any "protective" effect alcohol has in preventing heart disease and stroke in later life.

New Zealand Herald  
16 May 2001

### Cheers – alcohol saves more people than it kills

Alcohol saves about 10,000 more lives a year in Britain than it costs, a new analysis has shown.

If everyone stopped drinking, deaths would rise by 2.8 per cent among men and 0.9 per cent among women, say Annie Britton and Professor Klim McPherson of the London School of Hygiene and Tropical Medicine.

The Dominion  
14 May 2001

Two takes on the same study: *New Zealand Herald*, 16 May 2001 and *The Dominion*, 14 May 2001. The reference for the study is: Britton A et al. 2001. Mortality in England and Wales attributable to current alcohol consumption. *Journal of Epidemiology and Community Health* 55:383-8.

# And the good news...

Good news stories like these below about the positive health benefits of alcohol are regular features in the media.

## Wine drinking good for you

Researchers from the University of Copenhagen report that their large prospective population study indicates that wine drinkers have “significantly lower mortality from heart disease and cancer than non-wine drinkers.” According to the researchers, “at all levels of alcohol intake, wine drinkers had a lower risk for death from coronary heart disease than non-wine drinkers ...the risk for death from cancer was also greater for non-wine drinkers.”

Gronbaek M, Becker U, Johansen D et al. 2000. Type of alcohol consumed and mortality from all cause, coronary heart disease and cancer. *Annals of Internal Medicine* 133: 411-419.

## Good for arteries

Light to moderate alcohol intake may slow age-related stiffening of the arteries, according to a recent study.

Researchers studied volunteers between ages 20 and 90 (average age 60 years). Participants were categorised into 4 groups: those who never drank, occasional drinkers, light-to-moderate drinkers and heavy drinkers.

Similar effects on arterial stiffness were seen regardless of the type of alcohol (beer, wine or spirits) the participants drank.

The arterial stiffness index in each age range – younger than 50, 50-70, and older than 70 years – was lowest among light to moderate drinkers.

The arterial stiffness of the non-drinkers and heavy drinkers was about 10 to 20% higher than that of light to moderate drinkers. The researchers further determined that this beneficial effect of alcohol on arterial stiffness was greatest at older ages.

Study (unpublished) presented at the American Heart Association Scientific Sessions, 2001, on moderate alcohol consumption and age-related stiffening of the arteries.

## Alcohol and dementia

Alcohol abuse is associated with increased prevalence of cognitive dysfunction among older people. However, a daily alcohol consumption of less than 40 grams for women and 80 grams for men is thought to be associated with a decreased probability of impairment. Regular wine consumption during meals is widespread among older Italian people. Whether this habit might represent a risk factor for dementia or a protection was the aim of a recent Italian study.

Researchers analysed data gathered from patients 65 years of age or older. They found signs of cognitive derangement in 19% of the participants who reported regular alcohol consumption, and in 29% of those who abstained from alcohol.

The risk of cognitive impairment was reduced, as compared with abstainers among women and men whose daily alcohol consumption was less than 40 grams and 80 grams respectively. However, subjects who reported higher levels of alcohol consumption showed an increased risk of cognitive impairment when compared with both abstainers and moderate drinkers.

Zuccala G et al. 2001. Dose-related impact of alcohol consumption on cognitive function in advanced age: Results of a multicenter survey. *Alcoholism: Clinical and Experimental Research* 25 (12): 1743-1.

## Heart disease risk reduced

Recent research shows that men with type 2 diabetes who consume between  $\frac{1}{2}$  and 2 alcoholic drinks per day reduce their risk of heart disease.

Harvard School of Public Health researchers found that compared with non-drinkers, men who consumed  $\frac{1}{2}$  a drink or less per day cut their heart disease risk by 24%. Those who drank  $\frac{1}{2}$  to 2 drinks daily cut their risk by 36%. Men who drank more than 2 drinks a day had a 41% lower risk of heart disease.

Beer, wine and spirits were all associated with lower heart disease risk.

Tanasescu M et al. Alcohol consumption and risk of coronary heart disease among men with Type 2 diabetes mellitus. *Journal of the American College of Cardiology* 38: 1836-42.

# The bad news...

It's not all good news when it comes to alcohol and your health as these recent reports show.

## Blood pressure risk

Binge drinking can cause a surge in blood pressure that does not occur with steady alcohol consumption, researchers in France and Northern Ireland report.

Fluctuations in blood pressure levels in people who binged could also partly explain the higher incidence of heart attack on Mondays in countries characterised by a high alcohol intake on weekends.

They measured daily blood pressure and analysed drinking patterns in more than 6,500 men in France and Northern Ireland who consumed alcohol at least once a week. Alcohol consumption in France was fairly steady throughout the week with a slight increase over the weekend. In Ireland, the men in the study consumed two thirds of their weekly alcohol on Fridays and Saturdays, a pattern indicating binge drinking.

In France, blood pressure remained constant throughout the week while Irish men had blood pressures that peaked on Mondays and declined through Thursday. In Ireland, changes in blood pressure readings were significantly tied to average alcohol intake in the prior 3 to 4 days. There was no association between blood pressure and alcohol consumption in France.

Men in both countries who abstained from alcohol had no daily fluctuations in their blood pressure.

The researchers concluded that the binge-drinking pattern among Northern Irish drinkers lead to physiologically disadvantageous consequences regarding blood pressure levels, whereas no such fluctuations in blood pressure levels were found for regular consumption.

Marques-Vidal et al. 2001. Different alcohol drinking and blood pressure relationships in France and Northern Ireland: The PRIME study. *Hypertension* 38:1361.

## Breast cancer risk

A new study on diet and cancer from the American Institute for Cancer Research (AICR) has found that the risk of breast cancer could increase 25 to 30% for women who have an average of 1½ drinks a day. Women who have 6 drinks a day double their risk compared to non-drinkers.

A report recently published in the journal *Cancer* found that women who had a mother or sister with breast cancer had 2½ times the risk of getting the disease if they drank daily, when compared to non-drinkers.

Women with a more distant family link to breast cancer had a 27% risk increase if they drank alcohol, while women with no genetic family link to breast cancer showed no relationship between alcohol intake and breast-cancer risk.

Another study, in the journal *Epidemiology*, indicated that women with a deficiency in the B vitamin folate may also be more at risk for cancer. The study further found that women with low folate who drank more than 2 alcoholic drinks a week increased their breast cancer risk by almost 60%.

Vachon CM et al. 2001. Investigation of an interaction of alcohol intake and family history on breast cancer risk in the Minnesota Breast Cancer Family Study. *Cancer* 92(2): 240-8.

Sellers TA et al. 2001. Dietary folate intake, alcohol and risk of breast cancer in a prospective study of post-menopausal women. *Epidemiology* 12(4): 420-8.

## Diabetes risk

People with type 1 diabetes who like to have a few drinks in the evening risk a dangerous drop in their blood sugar the next morning, according to a recent study.

Men with type 1 diabetes had significantly lower blood glucose (sugar) after breakfast when they had consumed about four glasses of white wine the previous evening than when they drank mineral water.

Five of the 6 study participants required treatment for their condition the morning after they drank wine, but none of the volunteers had low blood sugar or hypoglycaemia, after drinking water.

Turner BC et al. 2001. The effect of evening alcohol consumption on next-morning glucose control in Type 1 diabetes. *Diabetes Care* 24: 1888-93.

## Other effects

Eight percent of men and 5% of women reported in a recent New Zealand survey that in the previous 12 months they had been physically assaulted by someone who had been drinking.<sup>1</sup>

Ten percent of women and 3% of men in the same survey reported that they had been sexually harassed by someone who had been drinking.<sup>2</sup>

It is estimated that about 21% of all drivers/riders killed in accidents in 2000 were above the legal blood alcohol limit.<sup>3</sup>

1 Habgood R, Casswell S, Pledger M et al. 2001. *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*. Auckland: Alcohol & Public Health Research Unit.

2 Ibid.

3 Land Transport Safety Authority. Research and Statistics: Motor accidents in New Zealand, 2000. [www.ltsa.govt.nz](http://www.ltsa.govt.nz)

# Manager Māori appointed

ALAC has a new Manager for its Māori programmes. She is Te Atarangi Whiu who has tribal affiliations to Ngapuhi, Ngati Ranginui and Ngati Maniapoto.

Te Atarangi comes to ALAC from Cap Gemini Ernst & Young (formerly Ernst & Young Management Consulting) where she has been a consultant for the past 3½ years. Te Atarangi's first role at Ernst & Young was as a member of the Māori Health team. Her initial assignment was an 18-month project that facilitated the establishment of a South Auckland Kaupapa Māori health provider. Her key projects on this assignment included strategic planning, policy development and financial management and systems development.

More recently, her work has involved financial modelling, organisation reviews, feasibility studies, and process improvement projects.

Te Atarangi has a Bachelor of Management Studies from the University of Waikato. She supported her studies by working with two Hamilton based organisations, Te Kohao Health Ltd, a marae-based GP service, and Te Runanga o Kirikiriroa, a community social service provider.

**Email: [t.whiu@alac.org.nz](mailto:t.whiu@alac.org.nz) or call free 0508 258 258.**



Te Atarangi Whiu

## Join the mailing list

The numbers of people signing on to the electronic mailing list on the Māori channel on ALAC's website are continuing to rise – a sure sign that people are finding the list useful. There are now around 80 people on the list – and more are welcome.

The electronic mailing list offers participants an opportunity to find out what others in the Māori alcohol and drug workforce are doing and to share success stories or seek advice.

**To subscribe, go to Ngā Kaimahi Māori, Māori Alcohol & Drug Workforce within *Te Rōpū Māori*. *Te Rōpū Māori* is accessible via ALAC's home page [www.waipiro.org.nz](http://www.waipiro.org.nz)**

## Programmes coordinator



Polly Poata (Ngati Porou) has recently been appointed Māori Programmes Coordinator at the Alcohol Advisory Council. Polly has been previously working in this role on secondment for part of last year.

Polly is responsible for coordinating and managing ALAC's scholarships and the Manaaki Tangata Sponsorship programme and providing field support on Māori alcohol and drug (A&D) issues. She is looking forward to supporting the A&D field and particularly the Māori A&D field.

**Email: [p.poata@alac.org.nz](mailto:p.poata@alac.org.nz) or call free 0508 258 258.**

# SUPPORTING COMMUNITIES

No problems with alcohol and a great time was had by all! That was the overall impression at the end of a recent Pa Wars get together in Hokianga, thanks to people taking on board the Manaaki Tangata kaupapa and with some support from the Alcohol Advisory Council.

It hasn't always been this way. Hauora Hokianga Youth Health Promotion Worker Clayton Wikaira says in the past, the tournament has had a heavy alcohol focus with alcohol being sold throughout the tournament.

While the annual event is now seen as a great opportunity for community groups to get together to support the locals in a Pa Wars touch and netball tournament, problems around alcohol used to be a big concern.

In response to this concern, Hauora Hokianga contacted the organisers of the event and suggested they promote the Manaaki Tangata kaupapa. Clayton says the idea was well received by the organisers. "They recognised the importance of safety for the whanau." Clayton subsequently approached ALAC for a community sponsorship grant.

Clayton says the event last year was a great success and Manaaki Tangata guidelines were widely promoted. The event attracted a big attendance. "The majority of people that came stayed at the local marae while others brought their tents and camped next to the marae."

Bar staff served free non-alcoholic drinks to the designated drivers during the evening. Each had been given a tumbler with a Manaaki Tangata label on it so bar staff could identify who was to receive free drinks.

Hauora Hokianga sponsored a courtesy van – which left at regular intervals and was well used during the night functions.

It also sponsored two local touch teams to participate in the tournament and team members wore the Manaaki Tangata T-shirts in all their games.

Clayton says there were a number of great outcomes from the event. "Manaaki Tangata was promoted widely throughout the whole weekend. There were no reports of accidents, fights or of individuals harming themselves due to problems with alcohol during and after the event," says Clayton.

The Pa Wars event recorded there were no accidents caused by alcohol. The event wasn't quite without a hitch, however – one of the games played by the Manaaki Tangata team was called off after team member Richard Bristow dislocated his knee.

Hauora Hokianga is one of many community groups around the country which have been taking up the offer of sponsorships grants from ALAC to assist with events which promote the Manaaki Tangata kaupapa.

ALAC will provide on average \$300-\$500 to each approved event along with a prize package designed for rangatahi. Other resources promoting Manaaki Tangata- banners, coasters and stickers, bags and hats – may also be offered.

For more information on a Community Sponsorship Grant, or an application form, contact your nearest ALAC office or go to Te Rōpū Māori at [www.waipiro.org.nz](http://www.waipiro.org.nz)





# Treatment headlines

ALAC's Manager Treatment Development Ian MacEwan highlights recent treatment research.

The largest test of **Naltrexone** in the treatment of alcohol dependence has confirmed that it reduces alcohol consumption. It did not delay a return to drinking or to heavy drinking but did tend to reduce the amount drunk. Subjects felt significantly less craving for alcohol and two thirds of them showed improvement. Naltrexone is considered effective in treating dependence in conjunction with counselling.

There has been conflicting evidence in two recent **Acamprosate** trials: one showed no evidence of the drug helping to prevent relapse and the other showed improved outcomes on abstinence and frequency and severity of relapse. Taking results from all completed trials, Acamprosate does improve abstinence rates with compliant drinkers when used in conjunction with counselling.

More from Project MATCH: **Motivational Enhancement Therapy** does work well with mild-to-moderate dependent drinkers. Even those who did not complete the intended 4 sessions, did better than mild-to-moderate drinkers who completed the 12 sessions of the facilitated 12-step programme or the cognitive-behavioural therapies. The differences are sharply reduced with severely dependent drinkers, though the briefer MET is more cost effective.

Staff in **General Practices** can be trained to help families cope with drinkers. However, a recent trial showed that only 2% of the doctors, nurses or health visitors implemented the training they received. There is growing evidence for their effectiveness but the commitment continues to be undermined by unsupportive primary care purchasing and remuneration.

The jury is still out on **Acupuncture**. Two new studies have shown some positive outcomes for those drinkers who value it. The therapy was administered in non-clinical settings. Generally the research has been at best inconclusive and at worst shown no advantage over other therapies.

For further information on any of the above, contact Ian MacEwan by email: [i.macewan@alac.org.nz](mailto:i.macewan@alac.org.nz) or tel: (04) 472 0997. Call free 0508 258 258.

## Celebrating 20 years



Odyssey House in Auckland celebrated an important milestone last year – 20 years of dedicated work in the alcohol and drug (A&D) treatment field.

Odyssey House provides services for those at the severe dependence end of the treatment spectrum and complements services in New Zealand that offer early intervention. General Manager John Challis says its programmes offer an integrated approach to treatment and the underpinning model of all its services is the 'therapeutic community' model.

Internationally Odyssey House was one of the pioneers of the 'therapeutic community' movement and over the years has been able to see the model become a well-respected part of the A&D treatment literature.

Odyssey House has adapted the model to meet a wide range of groups – including both adults and young people. In order



# New Trust to assist family inclusive services

A newly formed Trust is aiming to promote the development of family inclusive services and programmes for people with addictions.

The new Trust – known as Kith and Kin, Whaanau Whaanui – will be nationally based.

Trustees at this stage are Trish Gledhill (Occupational Therapist, Behaviour Specialist, Specialist Education Services), Dr Peter Adams (Head of Discipline, Applied Behavioural Sciences, Auckland University), Andrew Raven, (Clinical Psychologist, Addiction Services Hawkes Bay) and John Sharp, (Manager, Credit Union, Hawkes Bay). The Trust has been developed with the support of Addiction Services Hawkes Bay as well as ALAC's Manager Treatment Development Ian MacEwan and ALAC's Manager Central Region Philip Parkinson, along with a number of other people actively involved in the alcohol and drug (A&D) field.

The Trust will also provide advocacy at many levels and will provide and promote research on family involvement in services and centres.

Trish says the Trust is keen to hear from services that are offering family inclusive interventions and to act as a resource and network centre for them.

It plans to offer support to services by promoting the development of programmes, training and supervision and helping people to access information.

She says the idea of family inclusive services is based on two underlying issues: "There are the rights of children and family members to have access to programmes in the A&D field, and the rights of individual clients to have services which are viewed in the wider context of their lives."

Family member's needs are often not addressed, she says. "Addiction needs to be viewed in the context of the family and community and organisations should include them where appropriate. When this is done there is more chance of being effective if things are looked at contextually."

Trish has previously been involved in establishing the Resilient Kids Training and 21 Fun St Kool Kids programme for children (a book of the same name using aspects of the programme has also been published.)<sup>1</sup>

For more information on Kith and Kin, Whaanau Whaanui, contact Trish Gledhill by email: [trishgledhill@xtra.co.nz](mailto:trishgledhill@xtra.co.nz) or Peter Adams: [p.adams@auckland.ac.nz](mailto:p.adams@auckland.ac.nz)

<sup>1</sup> Gledhill T. 1999. *21 Fun Street Kool Kids: Therapeutic group programmes for children living with addiction*. Hawkes Bay: Healthcare Hawkes Bay. (Available from Addiction Services, Hawkes Bay District Health Board, Wellesley Road, Napier. Tel: 06 878 8109.)

## ADVANCE NOTICE: *Cutting Edge*

Cutting Edge, the national alcohol and drug treatment conference, will be held at the Rutherford Hotel in Nelson, from 28-31 August this year. One confirmed speaker is the internationally renowned Professor John Saunders from Australia. Professor Saunders was a key person in the team that developed AUDIT, the Alcohol Use Disorders Identification Test.

to offer the most appropriate services for specialist target groups it has moved from a single treatment site to eight locations in the greater Auckland area. The organisation is currently undergoing a management restructure which will see it managed in two divisions – Odyssey Adult Services and Odyssey Youth Services.

A number of events were held to mark the occasion. Prime Minister Helen Clark and James Pitts, Executive Director of Odyssey House Trust Sydney joined celebrations at an official dinner attended by 90 guests.



Among those attending the official dinner were James Pitts, Executive Director of Odyssey House Trust Sydney, Quentin Ross, Chairman of Odyssey House, Auckland, Prime Minister Helen Clark and General Manager of Odyssey House, Auckland, John Challis.



# Turning tides – time for change

Alcohol abuse continues to have a disruptive effect on the lives of many Pacific peoples in New Zealand, a major conference on Pacific peoples has found. Communities needed a better awareness of the harm caused by excessive drinking and offered more strategies to bring about safer drinking attitudes and behaviours.

This was the view of participants at the 3-day Pacific Spirit: Turning Tides Conference held in Auckland in November last year.

More than 200 people attended the third Pacific Spirit conference, hosted by the Alcohol Advisory Council (ALAC) with sponsorship support from the Ministry of Health. Participants reviewed recent sector progress and identified the next steps in work promoting safe alcohol consumption for Pacific peoples in Aotearoa/New Zealand.

The conference brought together a wide range of people and interest groups from within and outside the Pacific alcohol and drug (A&D) sector, including community and church leaders, health and social service providers, A&D practitioners, researchers, funders and planners, consumers and policy makers.

Other key themes which emerged from the conference were:

- New Zealand needs targeted Pacific youth A&D programmes and services that are developed in partnership with young people and their families to meet a growing Pacific youth population.
- Understanding the impact of alcohol abuse on Pacific peoples requires consideration of socio-economic and cultural determinants on Pacific health including low income, unemployment, and poor housing.
- Good strategic collaboration and coordination, and networking among all key stakeholders is required to mobilise an effective community response to issues relating to Pacific peoples and alcohol.
- Research is vital to the understanding the influence of Pacific value systems on recovery from alcohol abuse, and identifying effective prevention and intervention methods and strategies for Pacific peoples.

ALAC's Manager Pacific Programmes Tina McNicholas said the conference was treated to some inspiring and motivational speeches from special guests including Mark Gosche, (Minister of Pacific Island Affairs), Tariana Turia (Associate Minister of Health), Dr Wame Baravilala (Dean of Fiji School of Medicine), David Lui (Pasifika Healthcare), Lita Foliaki (Pacific Health Consultant), and Luamanuvao Winnie Laban (MP). Other key government agencies also presented their respective agencies' response to addressing A&D related matters amongst Pacific communities in New Zealand.



The Ministry of Health's Pacific Branch in partnership with the Ministry of Pacific Island Affairs presented to conference delegates on how Pacific approaches to A&D related health matters have been incorporated into government policy. Two key pieces of policy development include the Ministry of Pacific Island Affairs Pacific Capacity Building Programme of Action reports and the Pacific Health Unit's Pacific Health and Disability Action Plan. Both documents set clear harm reduction and safe alcohol consumption objectives that are aimed to reduce health inequalities for Pacific peoples in New Zealand. [The Pacific Health and Disability Action plan was due to be launched in February.]



A highlight of the conference included two performances by drama groups from Family Life Education Pasifika (FLEP) and Regional Alcohol and Drug Service (Tupu). Both of their performances used drama and music to illustrate the impact alcohol has on the lives of Pacific families.

Participants at the conference heard presentations on ALAC's draft Pacific Strategy for 2002-2007 and attended workshops on alcohol related topics, programmes and research. Ethnic-specific caucus sessions provided the different Pacific ethnic groups with a valuable opportunity to coordinate views and issues, and to strengthen community networks.

Conference organisers noted that participants in their evaluations said the chance for networking was one of the most important aspects of the conference for them. Summing up the thoughts of others, one participant noted in her evaluation sheet: "Thank you for the opportunity to come. I have gained so much. It is good to know that all over the country there are other people doing the same work, addressing the same issues and working just as hard to prevent our people hurting themselves."

For further information on the conference, contact ALAC'S Manager Pacific Programmes Tina McNicholas. Email: [t.mcnicholas@alac.org.nz](mailto:t.mcnicholas@alac.org.nz). Tel: 09 916 0330. Or call free 0508 258 258.

# New Zealand epidemiological study

ALAC is funding a New Zealand epidemiological study. The study is entitled 'Determining New Zealand priorities for interventions to reduce the burden and cost of alcohol related death, disease and disability'. Professor Rod Jackson will lead the project which is being undertaken by a group of epidemiologists, biostatisticians and health economists at Auckland Medical School.

Rod is a Professor of Epidemiology and is Head of the Community Health Division of the University of Auckland. The proposed research team has a prestigious international reputation and proven publication track record.

The team's research will include the calculation of New Zealand-specific etiological fractions that can be used in the development of a national research strategy and for

targeting interventions. The work will also include an estimate of burden, economic analyses and cost-benefit ratios relevant to policy development.

The team proposes to reanalyse data from over 10 New Zealand population-based studies already undertaken by the team in order to determine patterns of alcohol consumption and the relationship between alcohol consumption and risk of heart disease, cancer, stroke and motor vehicle injury. These analyses will be combined with other local and international data to estimate the number of deaths, hospitalisations and significant disability attributable to alcohol in New Zealand, in order to inform priorities for action.



Rod Jackson

Former ALAC Senior Policy Analyst Michael Webb has recently graduated with a Masters in Law (Hons). ALAC awarded Michael a postgraduate scholarship in 1998 to support his study toward a Masters of Law degree at the University of Canterbury. Michael is now working at New Zealand Police Headquarters and had been studying part time toward his postgraduate degree.

Copies of Michael's thesis *Addiction and the Law: A Case-Study of the Alcoholism and Drug Addiction Act* are held in the libraries at the University of Canterbury and ALAC's National Office in Wellington.



Michael Webb

## ALAC funds new project

ALAC will fund the National Centre for Treatment Development to undertake a Māori alcohol and drug treatment outcome project entitled 'Te Aka Roa o Te Oranga'. This project is intended to develop a set of measures to evaluate treatment for Māori with alcohol use problems. They will also evaluate a Māori focused intervention, which will incorporate key treatment factors identified using the measurement framework. Paul Robertson of NCTD will lead the project, which will take place during the next 6 months.

## Poroporoakī

Tai Kake, ALAC's Manager Research and Evaluation left the Council in December last year to pursue further study.

ALAC is currently developing a long-term research strategy and will decide what skills are best needed to implement this strategy before reappointing. In the mean time, all research-related enquiries should be forwarded to Meg Mackenzie, Manager Policy or Dr Mike MacAvoy, Chief Executive Officer, the Alcohol Advisory Council of New Zealand, P O Box 5023, Wellington. Tel: 04 472 0997. Or call free: 0508 258 258.

# Postgraduate scholarships awarded

Congratulations to April Matthews and Jason Spendelow who have been awarded ALAC's 2001-2002 postgraduate scholarships:

April is undertaking a Masters degree in Health Science (alcohol and drug) at the University of Auckland Medical School. As part of her study she will investigate the quality of service received by clients who present to A&D services with coexisting substance use and mental health disorders. April hopes to contribute to A&D services by providing recommendations to improve service delivery and treatment outcomes for clients with coexisting disorders in the A&D treatment setting.



Jason is studying toward a PhD with the School of Psychology at Victoria University of Wellington. His proposed thesis is titled 'Help-Seeking Behaviours of Adolescents with Depressive and Substance Abuse Disorders'. Jason would like to specialise in the treatment of children and adolescents as a clinical psychologist. He is particularly interested in depression and alcohol use in New Zealand adolescents.

Copies of both studies will be presented to the ALAC library on completion.



# Young people and women drinking more

New Zealanders are drinking more heavily, especially younger people and women, according to the Alcohol & Public Health Research Unit (APHRU).

APHRU researchers compared results of a survey done in 2000 with those from a survey conducted in 1995.<sup>1</sup> This covers the period in which the minimum drinking age was lowered to 18, beer was introduced into supermarkets and alcohol became more readily available on Sundays.

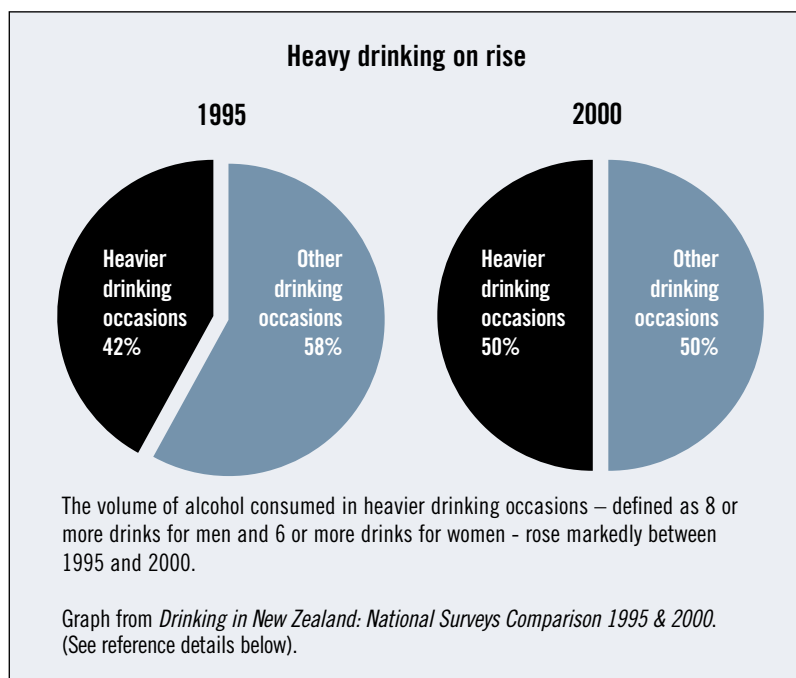
Results showed that drinkers aged 18-19 are drinking an average of 7 drinks on each drinking occasion, instead of 5 in 1995. They are the age group drinking the largest quantities whereas in 1995 this had been those aged 20-24 years. Those aged 16-17 drink more often than they did and typically consume 7 drinks per drinking occasion, up from 4 in 1995. For 14-15 year olds the frequency increased also and typical consumption rose to 5 drinks from 3.

There was a dramatic increase in alcohol consumption in women aged 18-19, with 33% now drinking 6 or more glasses of wine on a typical drinking occasion, up from 17% in 1995. Across all age groups the percentage of women drinking 6 or more glasses of wine rose to 11% from 7%.

"The increases in drinking by women probably reflect general changes in women's activity and social life. The increased availability of alcohol, especially in supermarkets, has probably also contributed," the researchers reported.

While increases in consumption were largely confined to women and younger drinkers, there was a shift in the alcohol market overall to more of it being consumed in heavier drinking occasions. Half of the alcohol consumed in 2000 was consumed in heavier drinking occasions, an increase of 8% since 1995.

Changes in drinking behaviour appear to have been accompanied by the development of a more liberal social climate around alcohol consumption. Professor Sally Casswell who was part of the APHRU team said a greater tolerance towards intoxication was expressed particularly among women.



Commenting on the new research, ALAC's Chief Executive Officer Dr Mike MacAvoy said the figures showing a worsening in youth drinking over the past 5 years and Government needed to take a serious look at the problem.

"In 1999 Parliament lowered the drinking age despite indications that a significant proportion of young people were already drinking at risky levels. Many health and safety organisations advised against the change because they believed it would result in increased harm. We are now seeing the downstream effects of that and other policy changes of the past few years."

He said an important finding in the survey was that most of the alcohol under-age drinkers get had been supplied to them by friends or parents. Fifty-eight percent of the under age drinkers surveyed had had alcohol purchased for them by friends and 46% by parents in the past 12 months. While parents can legally purchase and supply alcohol to their own children it is generally not legal for friends to do so.

"We should be focusing our attention on why young people are able to obtain alcohol so easily and what we can do at a political and community level to stop it.

"A good start would be to look at the legislation because it is wishy washy in terms of supplying alcohol to under 18s. Then we could have a look at how we make sure the law is upheld. This is without even discussing the merits or otherwise of raising the age back to 20," Mike said.

The Alcohol Advisory Council and the Health Research Council of New Zealand funded the APHRU project.

<sup>1</sup> Habgood R, Casswell S, Pledger M et al. 2001. *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*. Auckland: Alcohol & Public Health Research Unit.

**For more details on the report findings see the APHRU website [www.aphru.ac.nz](http://www.aphru.ac.nz)**

# Energy drinks and alcohol

Premixed alcohol and energy drinks have already sparked controversy overseas by using labels and descriptors such as 'vodka and energy'. Concerns have been raised that some alcoholic products are being marketed as 'energy drinks' or energy giving drinks or as products that enhance physical and mental capabilities.

Criteria 7 of the New Zealand *National Guidelines on the Naming, Packaging and Merchandising of Alcoholic Beverages* states that "labels, graphics, artwork, brand names, packaging, containers and other marketing materials and techniques should rigidly observe the law, and should not suggest that mental or physical capabilities can be enhanced by alcohol, especially sexual success or prowess."

Although a comprehensive debate on this issue has not yet occurred in New Zealand, the use of words such as 'energy'

and 'stimulants' on labels reaches into this controversial territory. Including substances with energising or stimulating qualities in an ingredient list on the reverse of a product's package or label would normally be acceptable, although if these ingredients appear more prominent than other ingredients they still risk breaching the guidelines.

ALAC's Manager Policy Meg Mackenzie says: "Alcohol is a depressant, and it is irresponsible to market alcoholic beverages in way that implies people will become more alert or energetic as a result of consuming them."

**ALAC offers a pre-launch advisory service for those who wish to obtain guidance on whether a product is likely to comply with the guidelines.**

**Contact ALAC's Manager Policy Meg Mackenzie for more information. Email: [m.mackenzie@alac.org.nz](mailto:m.mackenzie@alac.org.nz). Tel: 04 472 0997. Or call free: 0508 258 258.**

## Health impact assessment

Toward the end of last year, Tariana Turia the Minister responsible for alcohol and drugs, asked ALAC to undertake a health impact assessment of the 1999 Amendments to the Sale of Liquor Act, particularly the lowering of the drinking age.

The report, due for release to the Minister shortly, applies overseas empirical evidence to New Zealand benchmarking data to estimate the per annum health impacts of lowering the legal alcohol purchasing age (excluding longer-term impacts and ongoing costs).

The paper will identify limitations in the available statistics, which include the lack of a standard alcohol indicator on national morbidity and mortality data.

The study will suggest a number of policy interventions that may prove effective in reducing alcohol related health impacts. It will also suggest possible research initiatives that would prove useful in better defining the impacts of the lowering of the drinking age and other alcohol related policies.

This report is intended to complement the Ministry of Justice's review of the impacts of the lowered drinking age on the health and justice sectors.

## Low alcohol?

From 20 December this year it will no longer be possible for New Zealand advertisers to promote beer as 'low alcohol' if it is more than 1.15% alcohol, according to the new ANZFA food standard that will come into force on that date.

The new standard 2.7.1.4 on labelling of alcoholic beverages and food containing alcohol states that an alcoholic beverage that contains more than 1.15% alcohol by volume must not be represented as a low alcohol beverage.

Interestingly, the New Zealand Food Regulation 218(6) already states that "no label on a package of beer shall bear the words 'low alcohol'... unless the beer contains less than 1.15% alcohol." This means that 1.15% is already the official 'low alcohol'

level, and some producers and advertisers have been contravening the New Zealand Food Regulations for some time by labelling beer more than 1.15% alcohol as 'low alcohol'.

Both ALAC and the Ministry of Health opposed the standard. ALAC's Manager Policy Meg Mackenzie, says: "The 2.5% low alcohol beers are filling a niche in the market and seem to be working well for people. It may have been preferable for Food Regulation 218(6) to be revisited instead."

Although the matter is not likely to be revisited by the Minister of Health or ANZFA, producers can still label beer at 2.5% alcohol by volume as 'light', which ANZFA considers to be an equivalent term to 'reduced alcohol'. However, the alcohol content would need to fit the definition of a 'reduced alcohol' beer under fair trading law.

"This doesn't address the potential for people to mistake 'light' beer for low calorie beer, particularly in the overseas markets where this term is used a lot more frequently to refer to low fat or low sugar products," Meg says.



*This beer at 2.5% alcohol meets the ANZFA criteria by being described as 'light beer' not 'low alcohol'.*

# Ban on drinking alcohol in public

On 19 December last year, Parliament passed an Amendment Bill under urgency to ban the possession and consumption of alcohol in public places. The Local Government (Prohibition of Liquor in Public Places) Amendment Act has amended section 709 of the Local Government Act 1974, under which no prohibition of alcohol consumption in a public place could have effect for more than 12 hours in any consecutive 24 hour period.

The Bill, introduced by the Leader of the New Zealand First party Winston Peters, was intended to give local government bodies the power to prohibit alcohol consumption in a public place for longer periods of time. This was an attempt to stop the negative impacts public drinking has had on some communities, particularly around the summer holiday period. In order to be enacted local councils would have had to give 7 days notice of a council meeting at which to enact the new powers. At the time there were only 5 days between the legislation being passed and Christmas and a likely lack of councillors available over the New Year period. It was unlikely that the new powers could have been enacted before the Christmas or New Year period over which much of the heavy and disorderly drinking in public occurs.

However, as a result of an apparent drafting error, the Bill was passed banning the possession and consumption of alcohol in any public place controlled by any territorial authority. It also gave the police the powers of search, seizure, and confiscation of alcohol or receptacles used for containing or consuming alcohol. This effectively means that it is an offence to carry or consume alcohol in any public place, be it a street, carpark, beach or park.

On one hand this legislation allows police to pre-empt alcohol related disorder on Friday and Saturday nights in urban centres. It also allows police in summer trouble spots such as Mt Maunganui and Nelson to confiscate alcohol early in the evening to prevent later trouble. On the other hand it also gives police the power to confiscate alcohol being carried from a bottle store to a vehicle or



to a BYO restaurant. It also allows police to confiscate alcohol being consumed at family picnics on the beach or local park. It is now up to the police to decide how to enforce the legislation.

It is important to note that these provisions are not likely to be permanent measures. Local Government NZ has undertaken a comprehensive review of the Local Government Act and has produced a Local Government Bill, which has been referred to Parliament's Local Government and Environment Select Committee for consideration and report back to the House. As the more recent and comprehensive amendment, the Local Government Bill will be the superior piece of legislation and will overrule the Local Government (Prohibition of Liquor in Public Places) Amendment Act. This means that whatever happens with liquor bans in the longer term will be informed by people's submissions on the Local Government Bill.

The Local Government Bill has proposed more general powers to create bylaws, which involves community consultation. ALAC's submission on the Local Government Bill recommends that the sections in the current Local Government Act (sections 709A-H) relating to council powers to control consumption of alcohol in public places be deleted to allow councils to use the proposed, more general powers to make bylaws that create alcohol bans. In addition, ALAC recommends that local councils use bylaws and other forms of regulation as only one part of a comprehensive alcohol policy using multiple tools available to councils and developed in consultation with the whole community.

Submissions on the Bill closed on February 22.

For ALAC's submission on the Review and Bill, see our website: [www.alcohol.org.nz](http://www.alcohol.org.nz)

# Chairman honoured in New Year's awards

The Chairman of the Alcohol Advisory Council Professor Andrew Hornblow was appointed Companion of the New Zealand Order of Merit (CNZM) in the New Year's Honours List. The award was received for services to medicine and health services.

Andrew retired in January this year as Dean of the University of Otago's Christchurch School of Medicine after 8 years in that post. As well as his work for the Alcohol Advisory Council, he is also Chairman of the Government-appointed Health Workforce Advisory Committee.

Andrew, whose 30-year professional career has included academic, clinical, community and policy roles, says the health and education sectors have undergone enormous change over the last 30 years. "My involvement in a range of new initiatives has been a privilege as well as a challenge," he says. "Contributing to the evolution of health care systems and educational programmes for those working in the health sector has been very rewarding."

A career move from clinical psychology (at the former Sunnyside Hospital) to public health was prompted in part, Andrew says, by an increasing recognition of the need for prevention and early intervention wherever this is possible.

His subsequent move to administration and health policy highlighted the importance of supportive organisational structures for effective care in the health sector, and for an optimal learning environment in an educational setting. "In an era of rapid change, the challenge we all face is that of ensuring that change processes are trustworthy, and beneficial to those they are intended to serve."



Andrew Hornblow

Andrew says one of the real bonuses in an interesting and fortunate career has been the extensive network of valued friendships he has built up along the way. "Clinical practice, research and the training of health professionals are all totally reliant on team work."

He says: "I have been fortunate to have worked in some outstanding teams and am indebted to the many teachers, colleagues and friends who have encouraged and supported me along the way."

## New members on Council

The Alcohol Advisory Council now has two new Council members.

**Fuimaono Karl Pulotu-Endemann** has very strong links to the Pacific Island community and has a national profile within it.

He has a long history of commitment to Pacific peoples and general community involvement. He is perceived as a leader in the Pacific Island community and has been instrumental in setting up a range of Pacific initiatives, both locally and nationally (eg, establishing Pacific Island mental health services and training health professionals in Pacific Island mental health issues).

Karl has a thorough knowledge of mental health issues and has received many awards in recognition of his service to New Zealand in general and to the Pacific community. He is a Justice of the Peace and a founding trustee of the Pacific Island AIDS Trust. He has been awarded a civic award for services to Palmerston North, a 1990 Commemoration Medal, and was appointed an Officer of the New Zealand Order of Merit for services to public health in the 2001 New Year's Honours List.



**Delaraine Armstrong** (Ngati Hine) works in the alcohol and drug and mental health field in Te Tai Tokerau. She is involved in the development of alcohol and drug and mental health services that incorporate traditional Māori values and co-developed Te Wero Me Te Aranga, a generic social/health training programme for Māori workers. She also has a corrections background and has experience in developing a range of integrative community based alternatives, including Ngā Manga Puriri, to correctional programmes within a Māori context. Delaraine will be the second Māori member currently on Council.



## Scholarship awarded



Cate Kearney

Looking at how specialist women's services in Australia meet the needs of the women they work with will be one of the aims of a 4-week intensive study Cate Kearney is undertaking this year.

Cate, who is Women's Coordinator at the Community Alcohol and Drug Service in Christchurch, has been awarded the Gary Harrison Memorial Scholarship to enable her to carry out the study. She hopes that in exploring these issues, she will gain valuable information which will lead to the provision of sustainable services for women's services in New Zealand.

A number of specialist services for women both in Australia and New Zealand have closed after a relatively short time of service provision. Cate says that while specialist services for women are requested, opened and well attended, there is a history of these services closing after only a few operational years.

She will travel to Sydney, Melbourne and Adelaide to visit women's services and to meet with researchers who have links with these services. She will also conduct a survey of treatment models used in the Australian services to examine treatment processes, retention and outcomes for women. She will spend time in alcohol and drug treatment agencies that work with women in the areas she visits.

The Alcohol Advisory Council awards the Gary Harrison Memorial Scholarship annually to people working in the alcohol treatment and health promotion fields. The purpose is to enable recipients to undertake an intensive and extended period of study in the alcohol and drug field either within New Zealand or overseas.

Gary Harrison, who died in 1990, was a treatment worker for many years and a Manager of Treatment for ALAC until just before his death.

## Campaign gets good results

**Community action campaigns can affect the number of parents who supply alcohol for their young people to drink in unsupervised settings.**



That's the good news from the Think Before You Buy Under 18's Drink campaign implemented in two South Island districts.

Community groups in the districts of Ashburton and Waitaki led the campaign. The intervention included promotional activities such as radio advertising, promotions in off-licences, billboards and stickers along with community action including media advocacy. (See [alcohol.org.nz](http://alcohol.org.nz), December 2001)

Dunedin-based researchers Kypros Kypri and Johanna Dean conducted an evaluation of the campaign for ALAC. Surveys were conducted with a total of 1,306 secondary school students in the three towns, and 748 parents of school-aged youth.

At baseline (before the campaign) only 1.9% of parents said they provided their teenager with alcohol to drink in an unsupervised setting. However 37.5% of young people reported that their parents had supplied alcohol for unsupervised

consumption. Because the parent report of the behaviour was so low the researchers have relied on student reporting to detect a change. The student surveys showed a drop in parent supply in both Waitaki and Ashburton in contrast to Clutha, a comparison district where parent supply did not decline.

Newspaper advertisements depicting drunken youths were the campaign component most often noticed by parents. Many parents also mentioned some of the material designed specially for the project, such as badges and billboards.

Parents were very forthcoming with comments on the campaign. A mother of four teenagers said, "I thought the photos in the newspapers

were excellent and real enough to force a parent to consider this could well be my child."

Most parents expressed disapproval of binge drinking by young people and many supported tighter regulation of the availability of alcohol to young people. There was widespread opposition to the 1999 law changes reducing the age at which young people can purchase their own alcohol.

The information from the evaluation is being reported back to the schools and community groups in Ashburton, Waitaki and Clutha.

**Communities interested in implementing similar campaigns can contact Sandra Kirby, Manager Southern Region.  
Email: [s.kirby@alac.org.nz](mailto:s.kirby@alac.org.nz). Tel: 03 365 8540.  
Or call free 0508 258 258.**

# Going the extra mile

Establishing a friendly environment where everyone from “mums or single females to the elderly” could come and enjoy themselves without any feelings of intrusion or intimidation by other patrons was one of the aims of the owner/operators of the Corn Exchange Restaurant and Bar in Hastings.

Karen and Perry Laurent’s restaurant and bar was the winner of the recent ALAC-sponsored Hospitality Association of New Zealand’s Outstanding Host Responsibility Award. Making the award, the judges noted that they were most impressed with the overall quality of entries. They commented, however, that some entrants simply saw Host Responsibility as only having food and non-alcoholic beverages available.



The winner, they said, went well beyond this and demonstrated that Host Responsibility is much more. “They put measures in place that significantly influenced the attitude of the staff, management and patrons alike.”

Karen Laurent, who wrote the entry for the award, says she and Perry take all the staff through Host Responsibility awareness as part of their training. “It’s not just designated the responsibility of any one person.” The training covers all areas of Host Responsibility from making non-alcoholic drinks to ensuring that patrons remain in a frame of mind which does not endanger their or anyone else’s good time out.

It also ensured that staff were familiar with the three forms of photo identification. Karen said staff are trained to report to their supervisor anyone whose habits have changed since entering the premises. “We don’t want to have to throw patrons out so we tell them the rules before they get to that stage (of intoxication).”

Karen says they have set standards to aspire to in terms of acceptable behaviour in the restaurant and bar. “We want people who come here to feel relaxed and comfortable and to have a good time and to know we have high standards.”

## Meet Brigitte

Finding information for people and being able to answer their questions is a favourite part of her job, says Brigitte Ellis who joined ALAC’s Northern Region office last year as Office Administrator. Brigitte describes her work as extremely varied. It ranges from administration work for the Manager Northern Region Ron Tustin to taking calls from people wanting information on alcohol related matters. “Searching out information for people has been a huge learning curve which I love.”

Brigitte is planning to go to university part time to assist her in her ambition to become a research analyst.

Variety being the spice of life for Brigitte it is not surprising to learn she has worked in a range of unusual jobs from being a tour guide, a record store manager, and more recently a recruitment consultant. “During my OE when I lived in Edinburgh in Scotland for 2 wonderful years, I was assistant manager of a youth hostel, worked in a late night music venue, and also worked for Scottish Gas estimating all the gas bills for the whole of Glasgow.”



Brigitte Ellis

# Te Huarahi blessing

**Dawn comes early in an Invercargill summer.**

At 5.30am on Saturday 19 January board members, staff and other supporters of Te Huarahi Ki Te Oranga Pai gathered at Te Huarahi's new premises in Esk Street for a blessing.

Later that morning about 100 people gathered for the formal opening of the buildings, formerly known as Blair House. Recognition was paid to the founder of Te Huarahi Trust, Eddie Tauroa, whose vision and dedication instigated a kaupapa Māori service in Murihiku, and also to Te Maere (Dave) Bates, the Patron of the Trust. Elizabeth Cunningham (Ngai Tahu) officiated at the dedication, and spoke of the long association between the Trust and the health field in the region.

The Alcohol Advisory Council has had a long-standing interest in the property. It had originally assisted the purchase of Blair House which provided supported accommodation for people from Southland requiring treatment for alcohol dependence.

When the Trust operating Blair House closed last year ALAC met with a number of groups who had expressed interest in using the property.

ALAC Manager Southern Region, Sandra Kirby, says, "ALAC had a clear set of criteria for the property. It had to be used in a manner that was consistent with ALAC objectives. These required that any organisation using it would be aiming to reduce the problems associated with alcohol misuse in Murihiku, would have strong links to the alcohol and drug field and would be financially viable. Te Huarahi met all these criteria and we are delighted that they are able to use the house."

The Te Huarahi Trust has repainted and reorganised the house and is now using it as an operating base for the service.



# Connecting with young people

Ever sat with a young person who is grappling with life and some of its tough decisions – and wondered just how you were going to connect with them?



It's a dilemma many people will recognise. Australian therapist, educator and trainer Peter Slattery might not have all the answers but his way of working with young people has attracted many to his seminars.

He captivated many of those who attended his ALAC-organised workshops in Auckland, Wellington and Christchurch last year. One participant praised his theories and concepts as "thought provoking, challenging and practical". Added another: "I appreciated Peter's energy and enthusiasm – I was interested and attentive for the 2 days of the workshop."

Peter has worked with young people and their families both in Australia and other countries for the past 25 years. He says his particular interest has been in developing creative approaches, both theoretical and practical, for working with people in trouble and in crisis.

"My passion is to find new, exciting and ever more useful ways to help people explore the things which concern them."

The framework which he has developed draws on therapy, theatre and education, as well as other sources, and is the basis of both his direct work and his training programmes.

"Young people live in a world full of stimulation. To attract their attention, people need to offer things that are interesting and engaging."

Peter has developed a way of 'talking' with young people that isn't just about talking." If I ask kids what's going on, they will say I don't know. Talk is a middle class Anglo-Saxon cultural expectation but there are a thousand ways of having a conversation – physical movement, walking around the street...ways that are imaginative and compelling – and this stimulates young people."

A lot of what he does is just "commonsense, using imagination and talents, the strengths of a person". He believes that rather than the other person trying to fit the style of the counsellor or youth worker, "the more things I can do the more useful I can be to you. For example, I can ask questions and you can sit in silence and reflect or draw".

Peter passes on the comments of some of the young people he has worked with. "Like the wonderful young woman who said I am sick of people being nice to me just so they can help me. This was a kid who needed some directness and honesty and something that cut through her crap to get to something that was essentially her so she could harness herself."

Or the very bright 16-year-old boy who told him: "I always ask myself what is the person's motive to care."

Peter says one of the "most extraordinary things young people want is someone to listen to them".

The listening adult needs to be genuinely interested. "It's about responding to young people in a way that shows they really have something to say about their own lives and about the lives of others. It's being respectful of what they are saying."

But as well as adults trying to find new ways to communicate, Peter says there's something more fundamental. "It's what comes from you being the person you are – it's the nature of what you do."

For Peter for example, that will mean "being provocative and risk taking and jumping in the water with the young person at times!"

**Peter shares many of his ideas in his book, *Youthworks, a very practical book about working with young people*, published by Peter Slattery, Sydney, 2001. ALAC's Information Services at National Office has several copies of the book to loan.**

**More seminars are planned for this year. Contact ALAC's Manager Central Region Philip Parkinson for further information. Email: [p.parkinson@alac.org.nz](mailto:p.parkinson@alac.org.nz).**

You can contact Peter Slattery by email: [Petersla@zip.com.au](mailto:Petersla@zip.com.au)

# Drinking for two



*Drinking for Two*, an information video on Fetal Alcohol Syndrome (FAS) for health, education and social care professionals, will be available shortly from the Alcohol Advisory Council.

The 40-minute video has come out of the documentary of the same name which was shown on Television One in September last year. It combines medical information with experiences of parents of children with FAS with advice from midwives and teachers.

The video addresses issues to do with FAS from pregnancy to adulthood.

The video will be available free from ALAC's regional offices, the Alcohol Helpline and the Fetal Alcohol New Zealand Trust (FANZ).

Call the Alcohol Helpline on call free 0800 787 797.

Write to the FANZ Trust, P O Box 13385, Onehunga. Tel: 09 636 0351.

## Websites of interest

### Alcohol: health risks and benefits

<http://www.health.gov.au/nhmrc/publications/synopses/ds9syn.htm>

Australian Alcohol Guidelines: Health Risks and Benefits, from the National Health and Medical Research Council

<http://www.mayoclinic.com/invoke.cfm?id=SC00024>

Weighing up the benefits of drinking – from the Mayo Clinic

<http://www.ias.org.uk/alert/99issue2/health.htm>

Institute of Alcohol Studies article

[http://www.researchmatters.harvard.edu/story.php?article\\_id=46](http://www.researchmatters.harvard.edu/story.php?article_id=46)

Harvard – School of Public Health

<http://www.acsh.org/publications/booklets/alcohol.html>

American Council on Science and Health

<http://www.eurocare.org/counterbalancing/modconsump.htm>

The health benefits of 'moderate' consumption – a summary of the Eurocare Report on Alcohol Policy in the European Union

## REGIONAL OFFICES

### AUCKLAND

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### CHRISTCHURCH

03-365 8540 [southern@alac.org.nz](mailto:southern@alac.org.nz)

### WELLINGTON

04-472 0997 [central@alac.org.nz](mailto:central@alac.org.nz)

### CALL FREE

0508 258 258

# alcohol@org.nz

## Electronic Mailing List for the Alcohol and Drug Field

An electronic mailing list has been set up to enable individuals to communicate via email with other alcohol and drug professionals in New Zealand.  
The mailing list is intended to promote communication between people working in related fields.

### Subscribe Now!

You can subscribe in either of these two ways:

If you have access to the web, subscribe by going to  
<http://lists.netlink.co.nz/mailman/listinfo/aandd>

You will find a form to fill out. You will need to choose a password.  
If you don't have access to the web, send an email message to  
[aandd-request@netlink.co.nz](mailto:aandd-request@netlink.co.nz) leaving the subject line blank.  
In the body of the message type

Subscribe \*\*\*\*\* (where \*\*\*\*\* is an alphanumeric password  
of your choice between 4 and 8 characters).

If you have any problems with the above, or for  
further information, please contact Suzanne Jones.  
Email: [s.jones@alac.org.nz](mailto:s.jones@alac.org.nz). Tel: 04 472 0997.

[www.alcohol.org.nz](http://www.alcohol.org.nz)

[www.alcohol.org.nz/effects/standards/index\\_maori.html](http://www.alcohol.org.nz/effects/standards/index_maori.html)



[www.urge.co.nz](http://www.urge.co.nz)