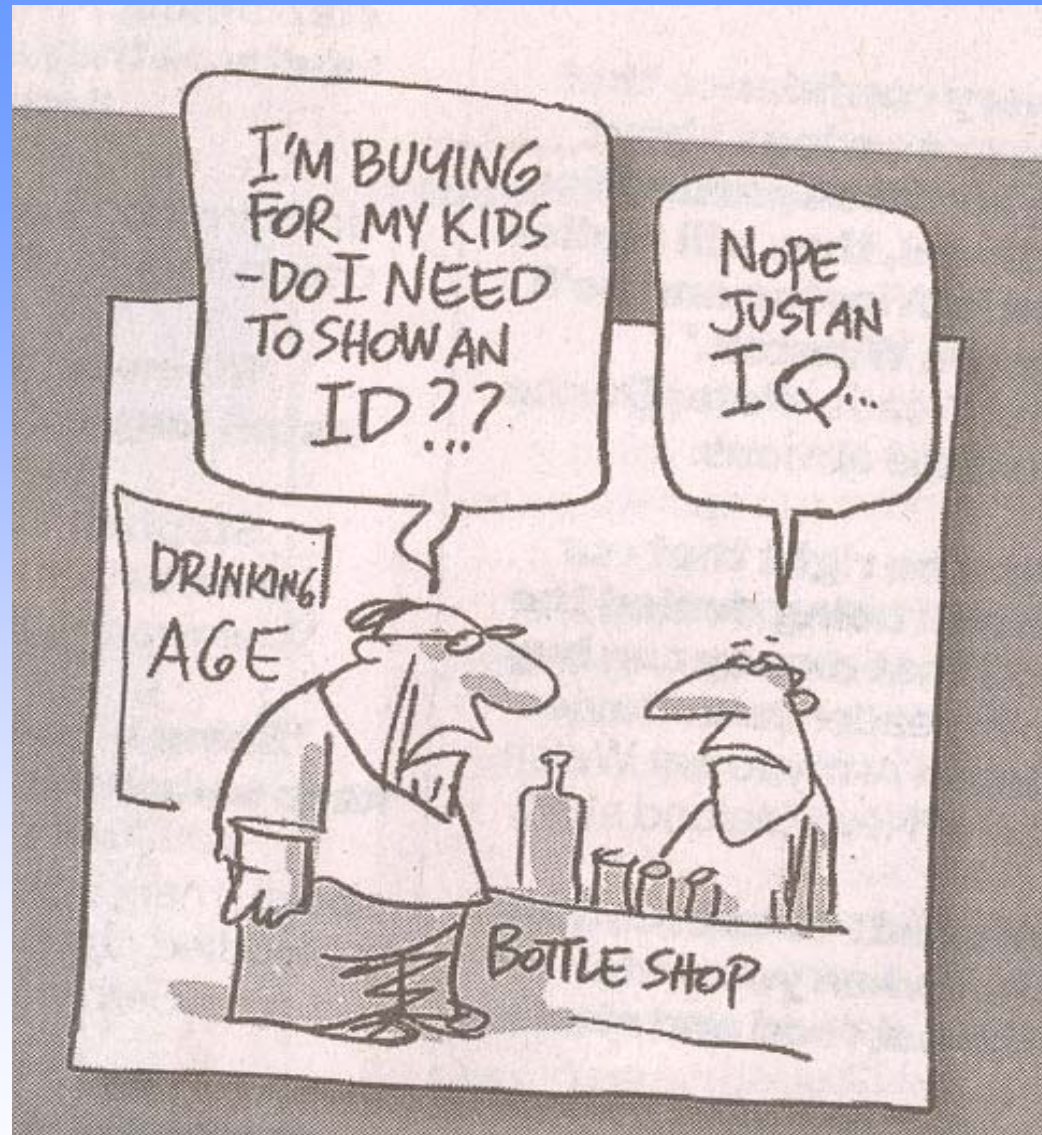


Reducing Alcohol-Related Harm

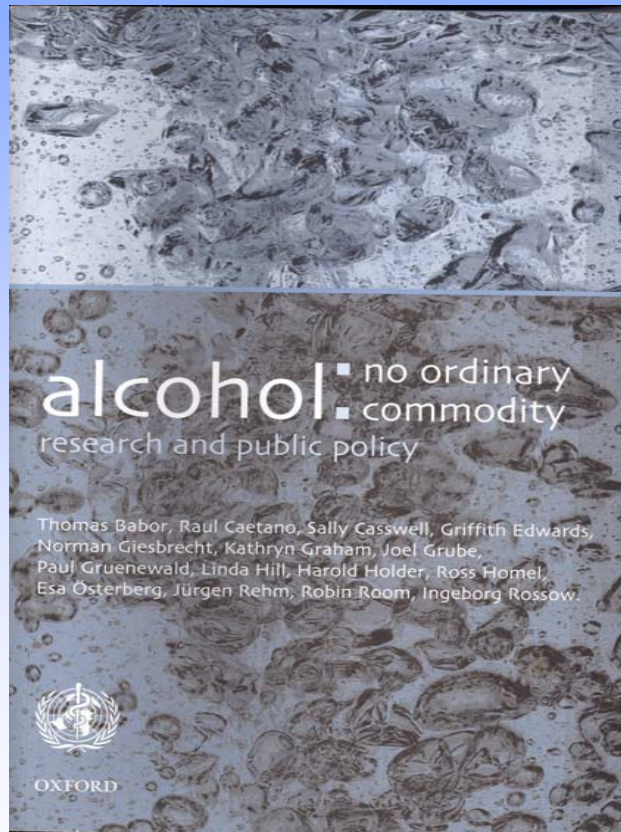
What works

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Alcohol: No Ordinary Commodity: Research and Public Policy - Oxford University Press, 2003



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A comprehensive and integrated review of the research evidence on consumption, harm, effective policies and interventions

Sponsored: World Health Organization (Geneva)

Evaluation Standards

Evidence of Effectiveness:

- 0 Evidence indicates a lack of effectiveness
- + Evidence for limited effectiveness
- ++ Evidence for moderate effectiveness
- +++ Evidence of a high degree of effectiveness

Pricing and Taxation

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Pricing and taxation	+++	+++	low

(Babor et al. 2003, p.264)

- **New Zealand Tax Policy**

- Tax linked to Consumer Price Index
- Separate levy for prevention, research, treatment (ALAC)
- Moderate rates cf with similar countries eg tax on
 - **Beer** NZ (10%) Australia (24%)
 - **Spirits** NZ (38%) Australia (50%)
- History shows varying positions within government
- 2003 amendment to increase tax on light spirits

- **Improved policy/strategies**

- Have tax rates based purely on ethanol rather than banded (eg under 12% proof)
- Increase to at least cover public health and law and order costs
- Resist industry lobbying and threats from trade agreements
- Local monitoring of alcohol prices and promotions

Regulating Physical Availability: Minimum Purchase Age

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Higher purchase ages	+++	+++	low

(Babor et al. 2003, p.264)

- **New Zealand Age Access and Purchase Policy**
 - lowered to 18 years in December 1999 despite evidence and opposition
 - Industry argued against “alarmist” attitudes, for “normalisation”
- **Enforcement issues**
 - “Hard 18” promised but sighting ID not required by law
 - Enforcement resources not increased
- **Pseudo patrons**
 - Purchased without ID in the majority (56%) of visits in Ak study
- **Improved policies/strategies**
 - Minimum purchase age 20 – Matt Robson’s bill to Select Committee
 - Mandatory ID sighting
 - Pseudo/Patron surveys/CPOS/Mystery Shoppers/Shoulder taps

Density and trading hours

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Restricting trading hours	++	++	low
Restricting outlet density	++	+++	low

(Babor et al. 2003, p.264)

- **New Zealand Availability Policy Changes**

- **Freemarket/consumerism**
- **1989 wine sales supermarkets, criteria of 'need' for premises removed**
- **1999 Sunday trading, beer in supermarkets, licensing devolution to local authorities**
- **Hours: 1980s – 10.30 pm, 1990s shift to later hours, 2004 – Auckland CBD draft strategy promotes vibrant city via 24 hour trading**

- **Enforcement issues**

- **Insufficient resources for monitoring increased hours and numbers of premises**
- **Concentration of premises in some areas**
- **Migration to late opening bars**
- **Licences easy to gain but not easy to lose**



Source: Liquor Licensing Authority, 2004.

* Includes on, off and club licences. Data not available for some years.

- **Improved Availability Policy/Strategies**
 - Control of density and location through local government planning
 - Real community input into decision-making on licenses
 - Control of hours
 - Increased resources for monitoring
 - Community hot lines/Good Bad and Ugly report cards

Drink Driving Legislation

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Lowered BAC for driving	+++	+++	low
Lowered BAC for young drivers	+++	++	low
Random breath testing	+++	++	moderate
Administrative license suspension	++	++	moderate
Designated driver and ride services	0	+	moderate

- **New Zealand Drink Driving Policy**

- 1993 CBT introduced
- lower BAC limit for under 20s, licence suspension
- BAC high (0.8) among comparable countries (Australia, Japan, most of Europe (0.5) and Sweden (0.2%))
- Land Transport Amendment Bill, tougher penalties for recidivist drivers

- **Policy change discussion**

- CBT introduction amid fears of “devastation” of hospitality industry
- Recent failed attempt to lower BAC, indicative of lack of public support, Lack of cohesive voice from public health, industry lobbying

- **Improved policy/strategies**

- Zero BAC level for under 20 year old drivers
- 0.5% BAC level for drivers (in line with Australia, Europe)
- Integrated strategies, regular CBTs/ media reinforcement, targeted high risk settings and population groups

Managing the drinking environment

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Enforcement of on-premise regulations and legal requirements	++	+	high
Bar staff training	+	+	moderate
Outlet policy not to serve intoxicated patrons	+	+++	moderate
Voluntary codes of bar practice	0	+	low

(Babor et al. 2003, p.265)

- **New Zealand Drinking Environment Policy**
 - Prohibition of sale to intoxicated persons or serving to intoxication
 - 1980 requirement for food and non-alcoholic drinks
 - 1999 host responsibility strengthened, certified manager training
- **Enforcement issues**
 - Resources for monitoring limited
 - Alco-link, LLGs: better training and coordination of existing resources
 - LLA and police – stronger stance on intoxication recently
- **Improved policy/strategies**
 - Most effective: more resources directed to monitoring and enforcement – dedicated licensing teams/ Alcolink roll-out
 - Management training standards implemented
 - More monitoring -> LLA suspensions
 - Promotion of hospitality industry compliance through Accords/ training events/ newsletters and signage

Community Mobilisation (Action)

Effectiveness Rating	Breadth of Research Support	Cost to implement
++	++	high

- **Features of effective community action**
 - Focus on environmental settings and strategies
 - Advocacy for implementation of social and structural change (norms, policies and practice)
 - Evidence-based activities-systematically planned and coordinated but using windows of opportunity
 - Comprehensive mix of collaborative intersectoral strategies addressing supply and demand

New Zealand Policy and Practice

- Health education > Health Promotion (Ottawa Charter)
- MoH National Drug Policy, DHB Toolkit, Public Health Handbook Purchasing Strategy
- Community Action Project 1980s – local co-ordinator, media advocacy and agenda-setting
- Liquor Licensing Project resulted in development of Liquor Liaison Groups and Last Drink Survey
- Maori Drink Drive Project /Rural Drink Drive project – lower regional alcohol-related crashes and BTR rate, increased Maori and media involvement
- Midlands Regional Alcohol Project (Ak) – Pseudo-Patrons and Exit Survey and ShoulderTap activities
- Other Strategies - Events management/sports clubs/safer public spaces, alcohol bans. Maori Wardens,)

Marketing

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Advertising Bans	+	++	low
Advertising content controls eg labelling/messages	?	0	moderate

(Babor et al. 2003, p.265)

School Based Education

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
School based education	0	+++	high

(Babor et al. 2003, p.265)

- **School Based Evidence**

- Effects generally small and short-lived unless frequently reinforced
- Wrap-around approaches involving community are more promising

- **Policy Discussion**

- As a strategy aimed at individual drinker, strongly advocated by industry groups
- Drug education in health and PE curriculum of non-primary schools (90%)
- Identifying and encouraging best practice strategy in Ministerial 'Action Plan'

Public Information campaigns

Policy	Effectiveness Rating	Breadth of Research Support	Cost to implement
Public service messages	0	+++	moderate

(Babor et al. 2003, p.265)

Public Information Campaigns

- **Evidence re exposure**
 - Increase knowledge but little effect on behaviour
 - Best used in conjunction with stronger strategies
 - May be more effective when supporting policy change
- **New Zealand practice**
 - High cost: LTSA and ALAC; NB Drink driving campaigns have been accompanied by strong enforcement measures
- **Industry involvement**
 - Industry involvement tends to lead to weaker messages 'drink responsibly'
 - Safe drinking limits may lead to 'drinking up'
- **Social marketing campaigns**
 - Emphasis on individual behaviour change
 - Popular with public and industry

In conclusion....

- Alcohol policies that ***increase the price of alcohol, limit access to alcohol*** beverages, ***alter the drinking environment*** and ***deter drinking and driving*** are likely to reduce alcohol related harm
- Implementation and enforcement of these policies is essential and community action is an effective tool
- Extensive restrictions on marketing would probably show impacts both directly and indirectly
- Educational approaches show little (lasting) evidence of effectiveness, however Treatment, especially brief intervention is useful
- But..... there is a gap between the evidence and the policy and practice

Spirit and Spirit-based Drinks Available for Consumption

