Alcohol availability and sponsorship: integrating research and community voices to shape better public policy.

The use and abuse of alcohol plays an important part in the lives of New Zealanders. Our love-hate relationship with the substance juxtaposes the social and hedonic benefits of alcohol with its darker side. Alcohol is addictive, plays a role in some cancers, and its misuse leads to traffic crashes and people seeking medical attention.

During Friday and Saturday nights, 30 to 50% of patients passing through the door of the emergency departments of major hospitals in Auckland are under its influence. Excess alcohol intake leads to impaired judgement and impulsive behaviour, and this is likely to explain the strong association between alcohol use and violent crime, sexual offending, family violence and police arrests.

Between 600 and 1000 New Zealanders are estimated to die from alcohol misuse each year. In this letter, we outline the role of Auckland Regional Public Health (ARPHS) in shaping public policy to limit alcohol-related harm.

First, can policy influence alcohol-related harm? Experience from Western Australia suggests that liberalising trading hours for outlets leads to more alcohol-related traffic crashes. In one study, granting hotels the right to sell alcohol for an extra 2 hours beyond midnight, resulted in a 50% increase in the rate of crashes after leaving the hotel, compared to the more restricted period. Other evidence suggests restricted trading hours can reduce violent incidents.

A study of policy change in Newcastle, Australia, showed that restricting pub closing from 5 am to 3 am in 2008, was associated with a 34% (95% confidence interval (CI): 30 to 45%) lower incidence of assault in surrounding areas, comparing periods before and after the change. A ‘lock-out’ was another feature of the restrictive policy, so that, after 1 am, patrons could continue drinking until 3 am, but no new patrons were allowed into the premises for the last two hours before closing time.

Along with trading hours, the density of alcohol retailers is likely to influence levels of intake. In New Zealand, cross-sectional evidence from a survey of university students (n=1983) showed that proximity to 10 extra off-licence outlets (where patrons drink off-site) within 1 kilometre of a students’ residence was associated with a 9% (95% CI: 2% to 16%) increase in self-reported standard drinks consumed per day. This figure was adjusted for high school binge drinking, age, sex and ethnic group.

Evidence links marketing of alcohol with drinking behaviour, especially in teenagers. In a cross-sectional survey, undertaken in Scotland, 12 to 14-year-old students were asked about their own, family and friends’ drinking behaviour, as well as their awareness of, and participation in, alcohol promotions.

Awareness of alcohol advertising (television, cinema, billboards, discounts) and engaging in electronic marketing (surfing to alcohol branded websites, use of a mobile phone or computer screensaver with an alcohol brand, or using an alcohol...
branded home-page) were strongly associated with ever having consumed an alcoholic drink (adjusted odds ratio 2.4; 95% CI: 1.3 to 4.3).  

While the science of alcohol policy leans toward more regulation, public policy should also reflect community opinion. With this in mind, Auckland Regional Public Health Service (ARPHS) commissioned a survey in late 2013 to gauge the public’s outlook toward alcohol regulation. The survey sought the attitudes of 800 Aucklanders, with greater weight given to Māori and Pacific peoples.

Response to the survey was 52%. The attitudes expressed support for restricted closing time of on-licence (alcohol consumed on-site) premises in central Auckland (61% did not want the time extended beyond 2 am), with 1 am recommended for larger centres (60% support) and midnight for the rest of Auckland (52% support). Respondents, similarly, favoured no increase in the number of on-licence premises (between 66 and 89% support). Respondents almost unanimously supported limiting the number of off-licence retailers (91% wanted no increase). Two-thirds of respondents (66%) supported a ‘lock-out’, if closing times were to vary between different regions of Auckland.

With these findings, ARPHS submitted to both the local council and national government, to recommend further limits to alcohol advertising and sponsorship, and to toughen local body rules about the trading hours and sales of alcohol. For example, the Auckland Council draft Local Alcohol Policy proposes a 3 am closing for on-licences in the central city, with possible extensions.

Backed by community views and relevant evidence, ARPHS has recommended limiting closing hours to 1 am across the region. If the council regulated for different trading hours between regions, ARPHS suggested the use of ‘lock outs’ to prevent harm from intoxicated patrons driving between premises.

To tackle alcohol-related harm, health professionals are encouraged to think beyond what comes through their doors, to policy that shapes the environment which influences the way New Zealanders drink.

Our hope is that by drawing attention to this information other individuals and organisations will raise their voice to create healthier alcohol-related public policy in this country.

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