



INFORM - ADVOCATE - EMPOWER

## Reduction Of Alcohol Harm Submission

Following a presentation by Dr Stephen Palmer to the Older Persons Council (OPC) on 27 September 2018, the OPC resolved to make a submission to the council on alcohol policy for Kapiti. The purpose of this submission is to put forward views from the Older Persons Council that might inform KCDC in its formulation of a district wide alcohol policy.

The figures presented by Dr Palmer are a cause for concern and show Paraparaumu Central and Waikanae West areas as some of the highest in the country for hospital admissions related to alcohol harm. When admissions for Paraparaumu Central are broken down by age group, it is notable that older women are overrepresented in the acute conditions classification while older men aged overrepresented in admissions for chronic conditions. These two categories suggest a two-pronged approach is necessary, while there are also elements of both areas which share common ground. These will be discussed below.

The OPC urges the KCDC to take an active role in reducing alcohol harm, in line with the policy adopted by other local bodies such as the combined Southland councils.

Council should examine ways to reduce the supply of alcohol to under 18-year olds. This could include reductions in the density of liquor outlets close to residential areas or areas where teens congregate, such as McClean Park. Compliance on sales restrictions in supermarkets and liquor outlets should be actively managed. Intoxication on licensed premises should be strictly managed and alcohol sponsorship and advertising should be minimised. In addition, council is invited to take an active role in advocacy on legislation that will reduce alcohol harm.

It is also clear from discussions within the community that a change in the drinking culture of New Zealand is needed. Binge drinking has become normalised in recent years and there are very few social sanctions applied to consumers who are highly intoxicated. While it may be tempting to blame these attitudes on the six o'clock swill, this phenomenon ended over 50 years ago and the need for more mature drinking patterns is overdue. Just as the attitudes to drink driving have changed over the years, OPC believes it is possible to reverse the normalisation of binge drinking to a social more where it is not OK to binge drink. Council can play an active role in this process.

The above measures are considered to have a likely impact on reducing alcohol harm, particularly from chronic conditions, which take time to develop over the life span.

The drinking patterns which give rise to these diseases, therefore, are laid down early in life and persist through middle to older age when cancers and neurodegenerative conditions such as Korsakoff's Disease occur. People who begin drinking before the age of 15 years are considered to be five times more likely to become dependent on alcohol compared to those who start drinking after the age of 21 years. Limiting access to alcohol for younger people is effective in reducing alcohol harm. There is also a good case to be made for raising the legal drinking age back to 20.

Acute conditions occur when a person is intoxicated and suffers an injury as a result. Falls and burns are common while intoxicated and combined with a loss of mobility as we age, increase the risk of injury. Boredom, as well as loneliness can be a contributing factor in overconsumption of alcohol amongst older people. For many who retire at aged 65, they are as fit and healthy and able as our parents were in their 40's and a loss of well-defined work roles in this cohort can lead to boredom, depression and development of excess drinking patterns.

Council has a role to play in determining the underlying causes of this behaviour along with a role in the social changes which may be needed to reduce alcohol harm within this cohort. In public health we often speak of the "causes of the causes". If people are drinking to excess because they are bored or lonely, what is causing the boredom or loneliness? It should be born in mind that these are subjective experiences and differ from one person to another. One person's social isolation is another's blissful solitude. Council has a role to play in determining if there are services people are missing out on, or initiatives which could be undertaken to address these causes. Recent work on a comprehensive survey looking at quality of life for older people in Kapiti had to be abandoned due to lack of funding and Council could consider renewing this effort to further understand the pervasive nature of the alcohol harm present in this district.

Both acute and chronic conditions would benefit from greater awareness, on the part of consumers, of the dangers of drinking to excess. As the statistics in appendix A show, harm to the human body is not confined to liver damage. Furthermore, as we age, digestive functions become less efficient and tolerance to alcohol decreases. Many older people are unaware of this and continue to drink as they did in their 30's and 40's. Combined with reduced mobility and balance, the risk of injury increases with reduced tolerance. The Alcoholic Liquor Advisory Council (ALAC) has a very good booklet for older people (attached) which outlines the effects of alcohol as we age. Council could consider ordering and distributing this within the district. It is free and could be distributed to various agencies, retirement villages and so forth.

When we drink alcohol, the liver metabolises it into acetaldehyde, which is toxic and carcinogenic. Heavy drinking is a leading preventable cause of death. One of our older members has suggested putting pictures of cancerous livers on wine bottles with a health warning, which may be a step too far. Nevertheless, we consider it is time for consumers to be aware that alcohol is a dangerous product. There are very few toxic and carcinogenic products on the market that do not carry a health warning in today's world. Why should alcohol be the exception?

Council has a legislative responsibility to protect public health. OPC wishes to remind Council of this requirement and encourage them to take an active role in reducing alcohol related harm. OPC is aware that there are powerful business interests involved in the alcohol industry and they are primarily concerned with making money. The more people consume, the more money the industry makes. This situation does not generate a high incentive to reduce alcohol harm. Legislative change may be necessary to prevent the proliferation of liquor outlets, easy access to alcohol and affordable alco-pop mixed drinks.

We invite council to take an active role in advocacy for legislative change. While this may not be popular with business interests, ratepayers will appreciate any reduction in social harm, with Council's response to the recent alcohol-fuelled deaths at Kapiti Lights being one example of this. Rather than be browbeaten by business interests, Council should grow a set of teeth to advocate for legislative change which will address this serious social problem in our district.

For and on behalf of the Older Persons Council Kapiti

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