

Babies, Children and Alcohol Conference

**Te Papa, Wellington
Thursday 22 March**

WELCOME

Welcome to this 3rd annual conference of Alcohol Action NZ on the very timely topic of “Babies, Children and Alcohol”.

This conference is being held hard on the heels of the Green Paper for Vulnerable Children, on which many at this meeting have put in a submission. Our Alcohol Action NZ submission focused on the lack of any real acknowledgement of the role of alcohol in perpetuating abuse and neglect of New Zealand’s children. We know there are over 70,000 alcohol-related physical and sexual assaults amongst adults every year in New Zealand – that’s 200 every day! A large number of these violent events are likely to be in view of children, or at least in earshot, and for some children violence will be a regular part of the misery and deprivation that they suffer. This is in addition to the direct physical, sexual and emotional assault on them from intoxicated adults in their lives.

Drinking during pregnancy is more common in New Zealand than in similar countries, producing high rates of fetal alcohol spectrum disorder (FASD), which could be up in the region of 3000 per year. This means that during the course of this year’s conference two new FASD New Zealanders will likely be born with cognitive and behavioural problems that will compromise their ability to cope with the increasingly complex and challenging world that is New Zealand in the early 21st century. The tragedy is that this irreversible brain damage is entirely preventable. The Green Paper was completely silent about FASD.

This conference is also being held in the anticipation of the passing of the Alcohol Reform Bill. Those with vested interests in maintaining a thriving heavy drinking culture will be happy, and probably also quite relieved, at just how limp the new Bill is. There is currently only half a reform in it, which is the proposal to raise the purchase age of alcohol to 20 years for off-licence premises (liquor stores including supermarkets), while maintaining the purchase age at 18 years for clubs, pubs and restaurants.

The attitudes of those defending commercial freedom for the alcohol industry so that it can continue to fuel NZ’s damaging drinking culture were beautifully laid out in a letter to the editor in the Dominion Post from Liz Read, former Lion Nathan corporate affairs director. In response to a public show of support for strong alcohol reform from a group of 15 prominent New Zealanders, led by the late Sir Paul Reeves who has passed away in the time since our last conference, she wrote:

What a pity Sir Paul Reeves, Dame Silvia Cartwright, the Evers-Swindell twins, former Green list MP Jeanette Fitzsimons et al couldn’t have seen fit to commit their collective effort to truly intolerable outrages, such as toddler Nia Glassie being shoved in a clothes dryer or the Kahui twins losing their precious lives.

Instead, they put their names to a pointless, hand-wringing stunt calling on the Government to make “sensible decisions” about the future of alcohol policy.

Let’s hope the Government has the gumption to do just that, by focusing on liquor reforms that reinforce the expectation that individuals must take responsibility for themselves and their families instead of a whole lot more regulation that won’t make a blind bit of difference to reducing alcohol harm in our communities.

Three ironies of this sad vitriol are:

1. The Alcohol (half a) Reform Bill is motivated by “hand-wringing” of people who keep saying “that individuals must take responsibility for themselves and their families” but never suggest any effective ways of achieving this;
2. The Alcohol (half a) Reform Bill “won’t make a blind bit of difference to reducing alcohol harm in our communities” because it doesn’t contain any evidence-based reforms; and
3. The examples quoted in the letter are the very tragedies that the heavy drinking culture is associated with in contemporary NZ.

So this conference, the first in New Zealand on the specific topic of alcohol-related harm to babies and children, is a time to reflect on the enormous damage being inflicted on the next generation through alcohol, including the nation’s most tragic FASD debacle; time to consider the action and advocacy work that is being undertaken by a range of New Zealand specialists and experts; and once again time to highlight the need for Parliament, especially this National-led government, to move out of denial, pull its head out of the sand, and take a lead to change what the late Sir Paul Reeves asserted was one of New Zealand’s most pressing social problems.

We hope this year’s conference re-energises you to continue your own work in making New Zealand a better country for everyone to live in, through effectively dealing with our damaging drinking culture.

Sincerely

Prof Doug Sellman, Prof Jennie Connor,
Dr Geoff Robinson, Medical Spokespeople
Alcohol Action NZ, www.alcoholaction.co.nz



Babies, Children and Alcohol

Te Papa, Wellington, Thursday 22 March 2012

PROGRAMME

7.40am	Registrations	
8.40am	Mihi Whakatau	Mr Rawiri Evans
8.50am	Introduction to Conference	Dr Geoff Robinson, Wellington

SESSION 1: SETTING THE SCENE

9.00am	Opening Address	Dr Russell Wills, Children's Commissioner
9.30am	Questions	
9.35am	Extent of the problem	Professor Jennie Connor, Dunedin
9.50am	Questions	
9.55am	How to maim or even kill your child using alcohol	Dr Nick Baker, Nelson
10.25am	Questions	
10.30am	MORNING TEA	
11.10am	Fetal Alcohol Spectrum Disorder	Professor Elizabeth Elliott, Australia
11.40am	Fetal Alcohol Spectrum Disorder	Dr Craig Immelman, Auckland
12.10pm	Questions and Discussion	
12.25pm	LUNCH	

SESSION 2: ACTION AND SOLUTIONS

1.30pm	Child Advocacy	Associate Professor Dawn Elder, Wellington
1.45pm	Questions	
1.50pm	Safekids New Zealand	Ms Simone Randle, Auckland
2.05pm	Questions	
2.10pm	Family Commission	Dr Kathie Irwin, Wellington
2.25pm	Questions	
2.30pm	Conference Soapbox	(2-3 minute presentations from conference participants)
3.30pm	AFTERNOON TEA	
4.00pm	Evidence-based Solutions	Professor Doug Sellman, Christchurch
4.15pm	Responses from Politicians: National, Labour, Green, Māori, NZ First	Chaired by Ms Pam Corkery
4.50pm	Questions	
5.15pm	Closing words	Dr Geoff Robinson, Wellington
5.25pm	Poroporoaki	Mr Rawiri Evans
5.30pm	CONFERENCE ENDS	

SPEAKER BIOGRAPHIES

(in speaking order)

Dr Geoff Robinson



- Chief Medical Officer, CCDHB
- Physician/Alcohol and Drug Specialist
- Past President, Royal Australian College of Physicians (RACP)
- Chair, Medical Research Institute (MRINZ)
- Medical Spokesman for AANZ
- Adjunct Professor, VUW

Dr Russell Wills



Dr Russell Wills is a community and general paediatrician in Hawke's Bay, and has been Children's Commissioner since July 2011. He helped develop community and hospital based programmes to address child abuse and neglect, early identification of developmental delay and disturbed behaviour, and improved access to preventive care for Māori and Pacific children. His clinical interests include child abuse and neglect and children with severe behavioural disturbance.

Russell will be co-presenting with members of the Children's Commissioner's Young People's Reference

Group, a nationally representative group of young people 13-17 years who advise the Children's Commissioner on contemporary matters affecting young people. YPRG members have submitted to the Green Paper and many Bills, including giving verbal evidence to the select committee on Alcohol Law Reform in 2011.

Professor Jennie Connor



Jennie Connor is Professor and Head of Department of Preventive and Social Medicine at the University of Otago in Dunedin. She is a public health physician and epidemiologist, involved in policy-relevant epidemiological research in several overlapping public health fields. These include the reduction of alcohol-related harm, injury prevention, and sexual health. Current research in the alcohol field includes a national survey of gender, drinking patterns and alcohol-related harm in NZ affiliated with the international GENACIS project, a collaborative study led by Massey University documenting the range and magnitude of alcohol's harm to others, an assessment of the overall burden of death and disability associated with current alcohol use in New Zealand, and the evaluation of Campus Watch, a community intervention on the Otago University campus to reduce harm and disorder. Professor Connor is a medical spokesperson for Alcohol Action NZ and strongly supports the adoption of evidence-based policy for the reduction of alcohol-related harm in New Zealand.

Dr Nick Baker



Dr Nick Baker is a General and Community Paediatrician and Executive Clinical Director Community Based Services for the Nelson Marlborough District Health Board. He is an active member of various professional groups, is a past President of the Paediatric Society of New Zealand after election for two terms. Since 2008 Nick has been Chair of the New Zealand Child and Youth Mortality Review Committee developing a national network of groups that work to identify, address and potentially decrease the numbers of infant, child and youth deaths. He also Chairs the South Island Child Health Alliance.

Nick's areas of interest are preventive healthcare, child health policy and administrative structures, community involvement in health, training health professionals, developing educational resources for the general public, advocacy for children and youth, the impact of physical environments and consumer products on health, paediatric infectious diseases and quality improvement.

Professor Elizabeth Elliott



Elizabeth Elliott AM is Professor in Paediatrics and Child Health at The University of Sydney; Consultant Paediatrician at The Children's Hospital at Westmead, Sydney; and a National Health and Medical Council of Australia (NHMRC) Practitioner Fellow. She is Founder/Director of the Australian Paediatric Surveillance Unit, established in 1993 for the study of rare childhood diseases, and heads the Centre for Evidence Based Paediatrics, Gastroenterology and Nutrition in Sydney. She leads an education program in Maternal and Child Health in Vietnam.

Elizabeth has been involved in clinical service delivery, research and policy development regarding Fetal Alcohol Spectrum Disorders (FASD). Past research includes a national surveillance study of FAS; surveys of women and health professionals regarding their knowledge of and attitudes to alcohol use in pregnancy and FASD; and studies of women hospitalised for alcohol-related conditions during pregnancy. Currently she is Chief investigator for a project to develop national screening and diagnostic tools for FASD; for the Lillilwan Project, to address prevalence of FASD in remote Aboriginal communities in Western Australia; and for two birth cohort studies evaluating child outcomes of alcohol and other substance use in pregnancy. She was a member of The Royal Australasian College of Physicians' Alcohol Policy Working Party; the Intergovernmental Committee on Drugs Working Party on FASD; and the NHMRC committee to review the Australian Alcohol guidelines published in 2009. She is a member of the Expert Committee for the 5th International Conference on Fetal Alcohol Spectrum Disorders in Canada, 2013. In 2008 she was made a Member of the Order of Australia for service to paediatrics and child health.

Dr Craig Immelman



Dr Craig Immelman is a Child and Adolescent, and General Psychiatrist in private practice in Auckland, and an Honorary Lecturer at the Department of Psychological Medicine at the University of Auckland. He is a graduate of the University of Witwatersrand, Johannesburg, completed his post-graduate training in psychiatry in Auckland in 2001 and is a Fellow of the Royal Australian & New Zealand College of Psychiatry. Dr Immelman has broad clinical interests, is a Fellow of the Faculty of Child & Adolescent Psychiatry as well as a Member of the Section of Forensic Psychiatry (RANZCP). His special interests include Fetal Alcohol Syndrome, Eating Disorders and Youth Justice. He also consults to a number of District Health Boards. He provides expert opinion to Courts, and holds the designation of Specialist Assessor relating to Intellectual Disability.

Associate Professor Dawn Elder



MB ChB, DCH, FRACP, PhD.

Dawn is acting Head of the Department of Paediatrics and Child Health at the University of Otago, Wellington and also works as a paediatrician at Capital & Coast DHB (CCDHB). She originally trained as a neonatal paediatrician but her current clinical role is primarily in paediatric sleep medicine. Dawn is a

member of the Family Violence Intervention Programme Governance Group at CCDHB and also works clinically in the area of child protection having particular expertise in the medical assessment of child sexual abuse. She regularly teaches at the NZ Police College on the medical management of child abuse, is currently a member of the National Family Violence Death Review Committee and was previously a member of the Perinatal and Maternal Mortality Review Committee (PMMRC) from 2005-2010.

Ms Simone Randle



Simone Randle (BA (Hons)) is an Injury Prevention Advisor at Safekids New Zealand and in her 5 years with the organisation has worked on campaigns to raise awareness of a range of unintentional child injury issues including: pedestrian safety, poisoning, cycling, drowning, falls, child motor vehicle passenger safety and driveway run over injuries. Simone has a special focus on evaluation and collaborates with funders, national and community stakeholders to plan, implement and deliver evaluations. As a mother to three boys, Simone's interest in preventing injuries extends beyond the working environment to her home, family and friends.

Dr Kathie Irwin



Rakaipaaka, Ngati Porou, Ngati Kahungunu
Dip Tchr Training, Dip Tchg, BEd, BEd (Hons) (1st Class), MEd, PhD.

Dr Irwin has built a career as an academic specialising in Māori research, development and scholarship. She is a published author in her fields of expertise and has held academic positions at Massey University (1981 – 1988), Victoria University (1988 – 2000), Christchurch College of Education (1999 – 2001), Te Kohanga Reo National Trust (2002 – 2005) and Te Whare Wananga o Awanuiarangi (Wellington Campus, 2005 – 2008).

In the government sector Kathie has held the position Chief Analyst Culture, Te Puni Kokiri (from 2008 - 2010) and Chief Analyst Policy, Research, Māori at the Families Commission (2010 – 2011). In 2011 she was promoted to Chief Advisor Māori at the Families Commission. In 2011 Kathie was seconded into the team which drafted the *Green Paper on Vulnerable Children*. In February of this year she was appointed as a member of the *Whānau Ora Review Working Party* by Minister Turia.

Kathie established *He Parekerekere: The Institute for Māori Education, Research and Development* in the School of Education at Victoria University and was its inaugural Director for its first five years (1991 – 1995). She is an active member of the Royal Society of NZ, ASSR NZ, MASS, the IOD, Te Awe (Wellington Māori Business Network) and the MWL. She is an inaugural member of the Board of *Ako Aotearoa: The National Centre for Tertiary Teaching Excellence*.

Professor Doug Sellman



Doug Sellman, MBChB, PhD, FRANZCP, FChAM, is a psychiatrist and addiction medicine specialist who has been working in the addiction treatment field in New Zealand for the last 27 years. He has been Director of the National Addiction Centre (NAC), University of Otago, Christchurch, since a successful tender process in 1996. He was promoted within the University to a Personal Chair in Psychiatry and Addiction Medicine in 2005. He began his career working with adults who have addiction and mental health problems, but for the last 17 years has worked as a consultant psychiatrist for the Canterbury District Health Board's Youth Specialty Service. In recent years he has become actively involved in evidence-based national advocacy for alcohol law reform, and is one of the medical spokespeople for Alcohol Action NZ.

Email: doug.sellman@otago.ac.nz



ABOUT ALCOHOL ACTION NZ

Alcohol Action was launched at the end of 2009. It is a national group responding to the excessive presence of alcohol and the enormous social, medical and personal damage alcohol misuse is inflicting on our society.

The purpose of the group is effective promotion of evidence-based alcohol policy in New Zealand.

At the current time this evidence is best summarised by a "5+ Solution" primarily based on the World Health Organisation sponsored publication "Alcohol: No Ordinary Commodity" [Babor et al 2010]:

The 5+ Solution

1. Raise alcohol prices
 2. Raise the purchase age
 3. Reduce alcohol accessibility
 4. Reduce advertising and sponsorship
 5. Increase drink-driving counter-measures
- PLUS: Increase treatment opportunities for heavy drinkers.
-

Based on this set of guiding principles, Alcohol Action NZ has developed a set of more specific policies as follows, in order of priority:

1. Introduce a minimum price per standard drink to end ultra-cheap alcohol sales
2. Reduce the adult drink-driving limit from 0.08 to 0.05
3. Begin the dismantling of alcohol advertising and sponsorship over a five year period, and introduce health warnings on beverage containers immediately.
4. Restore supermarkets to be alcohol-free
5. Return the purchase age for both on- and off-license to 20 years

It is important to note that the majority of those involved in Alcohol Action enjoy drinking alcohol, but all are alarmed about the way alcohol dominates many social situations and the scale of heavy drinking in contemporary New Zealand – a heavy drinking culture that enriches the alcohol industry while causing immense harm to individuals and society as a whole.

The excessive commercialisation of alcohol, which drives the heavy drinking culture, must be brought under greater control so that new middle ground is achieved between excessive commercialisation at one

extreme and prohibition at the other. An important starting point for appropriate regulation of alcohol is recognition of it as a Class B equivalent drug (High Risk to Public Health) according to the Misuse of Drugs Act criteria for classifying recreational drugs.

There are more than 4000 people on the current Alcohol Action NZ email list. If you would like to join and receive regular updates on the progress of the alcohol campaign, visit www.alcoholaction.co.nz

2011 provided an excellent opportunity for real and substantial changes to the alcohol laws in New Zealand. Over 9000 submissions were received by the Select Committee overseeing the Alcohol Reform Bill which the government responded to by taking a pause while it considered the political risk of proceeding with an increasingly unpopular, relatively impotent Bill that is unlikely to go any substantial distance in changing the heavy drinking culture in New Zealand.

It is now two years since the Law Commission presented its final recommendations to Parliament. Although the government has adopted a good number of the recommendations it has chosen to ignore so far the most effective ones including all of the highest four priorities proposed by Alcohol Action NZ, and only half of the fifth.

The Hon Tariana Turia, on the eve of this conference, announced that the Māori Party is to now set its sights on alcohol law reform in the same way that it has been so successful in advancing tobacco law reform.

"We need to address the pricing, accessibility and advertising. We also need to do more to address the issue of drunk driving."

I want to say here that I support all of these suggested measures. The Māori Party worked hard to influence the development of the Alcohol Reform Bill and I know our advice helped to shape the legislation put before the House. But we can do more.

I have seen, through our work in the area of tobacco reform, that we can make a real difference if we choose to do so. The old adage goes: where there is a will there is a way. And I personally plan to get tough on alcohol."

2012 could be a very good year for alcohol law reform!



NOTES

NOTES

WAIATA

WHAKAARIA MAI

WHAKAARIA MAI
TŌ RIPEKA KI AU
TIAHO MAI
RĀ ROTO I TE PŌ
HEI KŌNĀ AU
TITIRO ĀTU AI
ORA MATE
HEI AU KOE NOHO AI

(repeat)

KO TENEI TE WA

KO TENEI TE WA
KA WAIATA AU
KA WAIATA KIA IHOA

KO TENEI TE WA
KA INGOI AHAU
KA INGOI KI TE ARIKI

WAIATA AROHANUI
WAIATA AROHANUI
WAIATA AROHANUI
KI TE ATUA

TE AROHA

TE AROHA
TE WHAKAPONO
ME TE RANGIMARIE
TATOU TATOU E

**Up to 3000
children born
with FASD
every year**