

Heavy drinking in NZ is dropping—but not fast enough to stop the brutal legacy of fetal alcohol spectrum disorder

August 7 2024, by Sally Casswell



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Rates of [heavy drinking in Aotearoa New Zealand](#) are starting to decline, matching trends seen in Europe. This may reflect greater awareness of

the harm caused by alcohol, as well as financial pressures and the reduced affordability of alcohol products.

Despite this modest drop in consumption, inequity in the damage from alcohol remains, with [more people living in deprivation](#), and more Māori still drinking heavily and experiencing disproportionate harm—including fetal alcohol syndrome disorder ([FASD](#)).

This is even more so among [women](#) than men. Women living in deprivation are [twice as likely](#) to be drinking heavily than those not in deprivation.

FASD is caused by exposure to alcohol before birth, and there is no treatment. The condition is lifelong and can cause learning difficulties, impulsiveness, explosive behavior and inability to understand the consequences. It's a constellation that adds up to difficulty within families, in school and in broader society.

A lack of recognition and resources places a heavy burden on families struggling to cope with these impacts. This further exacerbates inequities and the failures of our education and care systems.

Women at risk

While women have long drunk less than men, and still do on average, there have also been heavy drinking subgroups, especially among [younger women](#). These are likely to have contributed to current FASD figures.

[Survey data](#) collected in 2011 revealed a small cluster of young women who were consuming a huge quantity of alcohol—mainly RTDs and spirits bought at liquor stores (as opposed to bars or restaurants). Their consumption was about twice the adult average in Aotearoa at that time,

and equivalent to the volume consumed by the heaviest drinking young men.

These young women had low life satisfaction and reported symptoms of alcohol dependence. They liked alcohol advertising and were more likely than others to buy alcohol late at night. This suggested liberal trading hours supported their heavy consumption.

We found this group of young women were likely to be at risk of sexually transmitted diseases, sexual violence and children with FASD.

Legacy of heavy drinking

New Zealand is now dealing with the aftermath of the high levels of consumption of alcohol products in the past three decades. Some of this involves long-term health effects for the drinker, including cancer and heart disease.

But a surprising amount of this legacy of harm is the effect of alcohol on others.

Our [recent analysis](#) calculated the loss of healthy years of life. We found that in 2018, 70,668 years of healthy life were lost in Aotearoa due to FASD. That is more than the 60,174 years of healthy life lost by the drinkers themselves in 2016.

The urgent need for a response to this catastrophic situation is highlighted by the claim taken to the Waitangi Tribunal by David Ratu. It is estimated FASD may be the single largest disability affecting Māori, and up to [30% of prisoners may be suffering FASD](#).

After years of neglect, the current government has now [prioritized a focus on FASD](#). This will provide much needed increased resources for

the support of those living with FASD and those caring for them.

Targeting harm before it happens

It is crucial that Māori have control over these resources to ensure they are well utilized. But this is not enough. Aotearoa needs to go beyond providing more support once the harm is caused, and ensure the harm caused by alcohol products is minimized.

This could be helped by reducing the oversupply of alcohol products (by selectively removing licenses and reducing hours of sale)—a move supported by [research](#). The lack of commercial regulation, resulting in oversupply of alcohol products in areas with people living in deprivation, contributes to alcohol harm and is generally [not welcomed by those communities](#).

The previous government made a start by [amending alcohol legislation](#) to make control of supply more responsive to community need. It's important to monitor this and see if the goal of a better licensing process is adequately achieved.

A further change was hoped for but not made—greater restrictions on the advertising of alcohol products. Much of this marketing is now on [social media](#) and [uses personal data to identify and target](#) the most susceptible consumers.

Marketing does much to normalize the use of alcohol products and nothing to minimize the chances of dependence developing, or discourage drinking to "drown sorrows" when life is difficult.

The current small downturn in [alcohol](#) consumption is welcome. Encouragement to maintain these reductions through good policy settings will reduce the ongoing catastrophe of avoidable life difficulties

for those already facing more than their fair share.

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