



Box 56-150

Mt Eden

Auckland.

Webpage <http://www.cpag.org.nz/>

Backgrounder November 2001

Social Hazards

In the absence of the Government's expected announcement on **paid parental leave** which was to be the topic of October's backgrounder, we seek to initiate discussion among our members about some very significant but unspoken aspects of child and youth poverty. Family poverty is often associated with various social hazards such as smoking, gambling, drug use and alcohol. There seems to be little point in New Zealand talking about a knowledge economy while too often social hazards seriously damage the **health, and** learning potential of children, drain the resources of their families and further compound the circumstances of so many people marginalised by the economic conditions and government policies of the past 15 years.

This is a difficult issue for CPAG to tackle. Our expertise is in policy and we do not want to duplicate the efforts of many other groups and organizations that provide the statistics on the alarming increase in hazards for the health and well being of our children. In this backgrounder we provide some facts and figures, but more importantly the details of where further up to date information can be sourced.

CPAG recognises that the eradication of all social hazards is not a viable option, yet some strong stances are needed. The strategy likely to be most productive is a 'harm minimisation' approach and sound protection for those under 18 or 20. Determining this strategy involves asking what causes some children to be resilient? What policies and protections can society put in place to strengthen the ability of children to survive in an increasingly dangerous world? Policy must recognise that social hazards impact most seriously on the lives of people whose financial situation limits the choices they can make to avoid or escape them.

Social hazards: gambling, smoking, drug use, alcohol

Gambling

This section draws on **Gambling: A Social Hazard** prepared by one of our members Lorna Dyall, Senior Lecturer in Maori and Pacific Health and Community Health, and the CPAG submission to the gaming review. Both are published on our web site <http://www.cpag.org.nz/>.

As Lorna Dyall claims, that although the current debate on genetic engineering rightly focuses attention on the potential damage to the NZ environment, which may result from the introduction of biological hazards, it is most unfortunate that social hazards are not recognised as an equivalent threat and therefore debated at the same levels. She explains how problem or pathological gambling is destructive of individuals, whanau and communities. It is sadly ironic that Maori are a unique indigenous population which, prior to contact with non-Maori, had no history or traditional concepts relating to gambling. They also had no history of brewing alcohol or consumption of tobacco. Today Maori often consume all three products in different settings, especially in pubs and social clubs creating co-addiction problems.

Gambling, though generally thought of as a recreational activity, is a social hazard from a public health perspective. Countries are reassessing policies which govern gambling because of the growing visibility of the harm caused by it - problems such as increased crime and ill health, family disintegration, co addiction and debt. In New Zealand there is no statutory body other than the Casino Control Act (1990) to consider the wide social, economic and cultural effects that gambling can create in communities.

However, as Lorna Dyall explains, gambling is also a significant part of the business of national and local organisations and private concerns, so governments have a vested interest in the growth of gambling. Governments depend on tax revenue for expenditure, use gambling to support private business developments as well as charitable and community developments.

Facts from the paper and other sources

- In 1999 /2000 New Zealanders turned over \$8.4 billion on gambling which is more than the country spends on all its health services. The Government reaps around \$315 million in taxes and gaming duty and distributes about \$300 million to community organisations. .
- Numbers seeking help for gambling addiction have doubled in the last 3 years. In 2000, 48% of new callers people seeking help through the Gambling Problem Helpline were women – the adults most likely to be the primary caregivers to children
- A recent study (Abbott M and Volberg R (2000) Gambling and Problem Gambling in the Community) showed that Maori were three times at risk of gambling. problems than Europeans and spent more on gambling than Europeans, even though household incomes were significantly lower.
- A persistent finding in poverty research over the years demonstrates that children appear disproportionately among the poorest households. Recent evidence from Australia shows that 70% of money gambled there is by people earning less than A\$30,000 / year i.e. the impact of problem gamblers is greatest on children of the poor. Further the harm which is caused by poverty, is magnified by the ways it intersects with all other aspects of the lives of children.

- Poker machines (pokies) is the fastest growing proportion of the \$2,210 (1999 figures) per New Zealander gambled annually. They are the most voracious consumers of gambling money, devouring \$3.77 billion last year. There are now over 22,000 machines in NZ – one for every 170 New Zealanders- the second – highest in the world. Since the Gambling Review in March 2000, about 2000 have been installed – the biggest increase ever in this country. Treatment agencies say that the machines are cited as the preferred form of gambling by 60-80% of people seeking help.

The Gaming Review released its decisions on 18/10/01. CPAG applauds the direction of the review and the measures the Government is taking in order to control gambling practices. There are four key themes:

- Gambling will be primarily used to raise funds for the community
- The harm caused by gambling will be minimized. Problem gambling will be managed as a public health issue and gambling age limits introduced to all forms of gambling.
- There will be local involvement in decisions about the availability in communities of the more risky forms of gambling (communities will be able to veto new gaming machine sites and proposals to add machines to existing sites)
- There will be controls on the growth of gambling (eg. in general the number of machines will be restricted to 9 per site)

There will be further opportunities to focus attention on the social hazards of gambling in submissions to a new Bill, the *Responsible Gambling Bill*, which is to be introduced next year.

Smoking

Smoking tobacco by parents and other household members is one of the primary causes of ill health in children. Second hand smoke increases the risk of many diseases, and children are especially susceptible. Each year in New Zealand, second hand smoke causes more than 500 children under 2 years admitted to hospital with chest infections; about 15,000 episodes of asthma in children; glue ear in 15,000 children which requires operation; 50 children afflicted by meningococcal disease; double the rate of cot death in babies. ('Morbidity attributable to second hand smoke in New Zealand', www.moh.govt.nz May 2001)

Smoking by children and young people is highly addictive, and directly damaging to health. CPAG supports the extension of the government's smokefree policy, so that smoking is eliminated from bars and restaurants, all forms of direct and indirect cigarette advertising are banned, health warnings on packets, and maintenance of a high excise tax on cigarettes. Useful site ASH <http://www.ash.org.nz/go/s-about.html>

Drugs

New Zealand has the purest marijuana in the world, up to 50 times stronger than the kind available 30 years ago. It is being pushed in a way that is leaving many of young people, if not with permanent brain damage, with many years of lost intellectual and emotional development. The damaging effects on the brain, especially for the group aged 10-20 years, have economic costs potentially in billions of dollars.

(Ref The Great Brain Robbery Tom Scott and Trevor Grice information:

<http://www.brainrobbery.com/authors.html>)

What happens if in the meantime these young people have children? Like tobacco smoke, marijuana can damage the unborn child, and there will be effects on parenting and socioeconomic potential of the affected families. How much do the effects of marijuana contribute to NZ's poor economic performance, high suicide rate, high imprisonment rate, increasing child abuse, poverty, and educational failures? What are the pros and cons of decriminalization of possession and sale to adults, in the context of strong prohibition to all under 18? In the UK significant changes are being made in the classification of Class A, B and C drugs should NZ follow that example?

The New Zealand government needs to engage communities in the debate around these questions, in the context of social hazards which have potentially serious, damaging long-term consequences for our society particularly our children and young people. In relation to these concerns a “must read” book “Brainy Babies” by New Plymouth paediatrician Dr Robin Fancourt provides a most readable account of some of latest scientific knowledge of brain development from conception to early childhood.

The NZ Drug Foundation is an excellent source of information on the exploding drug scene in New Zealand <http://www.nzdf.org.nz/update/index.htm>

Some information

- In Auckland, “current marijuana users” - those who had used the drug in the previous six months - had increased to 22 per cent in 1998 from 18 per cent in 1990.
- Most who had tried cannabis no longer used it, but the age at which it was first used had dropped. The number of present and former cannabis users who had tried it first at age 16 jumped from 40 per cent to 52 per cent. (NZH 11/08/2001)
- Eight-year-old Northland children have open dealt in cannabis at school, a parliamentary select committee in Waitangi heard. The Health Select Committee, in Waitangi to hear submissions from Northlanders into its inquiry on the legal status of cannabis, was also told of Northland adults too stoned to be effective parents. [Northland 8-year-olds dealing cannabis, hearing told](#) (NZH- 20/09/2001) Deleted:
- A new, powerful and expensive form of methamphetamine called ‘ice’ is creating a surge in burglaries by addicts desperate to feed \$1000-a-day habits. The drug, also known as “burn” or “pure”, has a purity level of more than 80 per cent, compared with common methamphetamine, or speed, which varies between 10 and 20 per cent and costs \$100 a gram. Burglaries in east Auckland suburbs were up from 20 to 50 a day since the drug hit the street in May. Rotorua and Taupo are “awash” with hard drugs especially speed.(NZH-16/09/2001)
- “Much of the crime being committed in our society is the work of drug abusers and we are confident that the recent increase in violent offending right through New Zealand is significantly attributable to the abuse of amphetamines. Police are regularly encountering amphetamine users who have not slept for three days or more and exhibit all the volatile signs of sleep deprivation, heightened anxieties and wild mood swings that the drug produces.” Speed is listed as a Class B drug in the Misuse of Drugs Act, but Mr Bell said most police officers and many health professionals believed the classification underrated its dangers, and serious consideration should be given to making it a Class A drug. (The Dominion –13 October 2001)

Ecstasy, a synthetic drug with amphetamine-like and hallucinogenic properties is the new drug of choice among the young and is now shown to cause brain damage. Short-term effects during and sometimes weeks after taking Ecstasy include psychological difficulties, including confusion,

depression, sleep problems, drug craving, severe anxiety, and paranoia; physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating. Recent research findings link Ecstasy to long-term damage to those parts of the brain critical to thought and memory. Chronic use of Ecstasy was found, first in laboratory animals and more recently in humans, to produce long-lasting, perhaps permanent, damage to the neurons that release serotonin, and consequent memory impairment. www.drugfreeamerica.org.

Deleted:

CPAG recommends that members acquaint themselves with the facts of these drugs that are robbing many of our children of a healthy future. Drugs are readily available in many intermediate and secondary schools and the social, health and economic costs are horrendous. There is a lack of appropriate treatment facilities in Auckland and support for recovering addicts, e.g. there is a waiting list for people wanting to get on the methadone treatment programme.

Alcohol

A public health campaign should be mounted to draw attention to the links between alcohol problems and suicide, says Canterbury Suicide Project researcher Annette Beautrais. A British Medical Journal article published in October indicated that alcohol plays a role in up to 50 per cent of suicides. The article says global suicide prevention programmes should put more focus on addressing alcohol problems. (NewsRoom 2001 – 16 October 2001) Web site www.alcohol.org.nz.

Foetal alcohol syndrome FAS

The foetus is vulnerable to the effects of alcohol within one minute of conception. Drinking while pregnant has been aptly described as a game of Russian roulette – except the life being gambled is that of the unborn child. Drinking while pregnant, whether social, bingeing or addictive, can directly cause severe lifelong mental, physical and behavioural disabilities in children. A conservative estimate is that 120 children in New Zealand are born with FAS, and annually 1500 children under the age of 15 may be diagnosed with Foetal alcohol effects (FAE). Dr Rosemary Marks, developmental paediatrician at Auckland Starship Hospital advocates alcohol abstinence for all women of childbearing age having unprotected sex.

A University of Washington study of FAS and FAE, following the life paths of 473 children born to alcoholic mothers, found that over a 23 year period only 7 of the subjects aged over 21 lived independently and without employment problems. Dr Marks says that FAS which was only defined in 1973, is thought to be one of the leading causes of mental retardation in the Western world. 'The child has a problem, not the child is the problem'. Foetal Alcohol NZ Trust. CPAG urges that alcoholic beverages carry an appropriate warning.

Concluding comments

The extent of impact of these social hazards on children and young people is deeply concerning. Each year in New Zealand through second hand smoke, drug use and alcohol, thousands of

children and young people become ill, die, or suffer brain damage, at huge cost to their families and society. Gambling seriously undermines family income and may adversely affect the behaviour of family members. All these hazards occur much more commonly in poor families, where risk-taking behaviour may be a manifestation of desperation. **To reduce the prevalence of these social hazards there needs to be appropriate legislation and education, combined with government policies which reduce poverty and its effects.**