

STRESSING THE 'POINT'

(0.05 TO BE EXACT)

Point Zero Five is an Auckland based group co-ordinated by Alcohol Healthwatch who advocate for the reduction of the legal blood alcohol concentration (BAC) for drivers from 80mg to 50mg alcohol/100ml. The group is comprised of members of the police, ACC, public health professionals, road safety co-ordinators, injury prevention consultants, community health promoters as well as our Brain Injury Education Advisors.

The aim of the group is to reduce alcohol related harm in the community. Alcohol is a leading contributing factor to New Zealand's road toll as well as a major risk factor for sustaining a Traumatic brain injury (TBI). Research indicates that up to 68% of patients presenting at Accident and Emergency with a suspected TBI having elevated blood alcohol levels at the time of their injury. Brain Injury NZ fully support the Point Zero Five group and feel that lowering the legal BAC is a step in the right direction for preventing the high number of alcohol related injuries, such as brain injuries and deaths in New Zealand.

Here is an update from Roanne Govender, Health Promotion Advisor with Alcohol Healthwatch Trust who coordinates and leads the Point Zero Five Group:

Cabinet's decision at the end of July to not lower the legal blood alcohol concentration (BAC) for driving to 50mg alcohol / 100ml blood (0.05) was extremely disappointing.

Alcohol Healthwatch director, Rebecca Williams described the decision as gutless. Delaying this decision in favour of undertaking more research is not justified. "We simply do not need more research to tell us this will effectively save lives and reduce the number of alcohol-related crashes on our roads," she said.

An extensive body of evidence already exists to show that a lower BAC of 0.05 is a proven effective strategy to reduce alcohol related harm. The overwhelming conclusion of nearly 300 studies is that essential driving skills are significantly impaired at our current legal limit of 0.08, and that this impairment has already begun from approximately 0.02.

Ms Williams says lack of public support cannot be used as an excuse either, as community support for lowering the BAC is positive and growing.

A recent online UMR public opinion survey this year found that 70 percent of New Zealanders supported lowering the limit to 0.05. The latest Ministry of Transport Public Attitudes to Road Safety Survey (2009) shows that 85 percent of those surveyed thought drivers should be limited to two or fewer drinks. This closely equates to 0.05 level.

The effectiveness of the National Road Safety Strategy to 2020 would be undermined by the Government's decision. Ms Williams went on to say that this lack of action "is a regrettable failure that leaves our government with blood on its hands."

In response to this missed opportunity to save lives and reduce alcohol related crashes by lowering the BAC for driving; Labour MP Darren Hughes has drafted a private member's bill called the Land Transport (Safer Alcohol Levels for Driving) Amendment Bill. The Bill proposes to lower the legal limit for driving from 0.08 to 0.05. Mr. Hughes says he wants politicians to "put aside their party differences and work together on issues of road safety".

"Everyone knows that Transport Minister Steven Joyce supports lowering the limit from 0.08 to 0.05, but his colleagues lack the courage to support him," Darren Hughes said. "My Land Transport (Safer Alcohol Levels for Driving) Amendment Bill, is designed to give them that courage so that they do the right and sensible thing."

"The Law Commission's wide-ranging report on alcohol left no doubt that blood alcohol limits 'must come down'," Darren Hughes said. "Steven Joyce clearly agreed when he said last year that legal alcohol limits for drivers were 'just ridiculous'.

Prime Minister John Key initially stated that National Party MPs may be allowed to exercise a conscience vote on the bill. At a post-cabinet press conference John Key said "I imagine it would be a conscience vote, that's how we usually deal with drink-driving issues and I know there's a wide range of views within our caucus". A conscience vote would allow MPs to vote freely and decide individually if they support the bill or not.

Mr Hughes told Radio NZ that his bill has the support of "Labour, the Greens, the Maori Party, United Future, the Progressives and at least one ACT MP."

This indicates a high possibility of the bill passing its first reading if National MPs are able to exercise a conscience vote.

However following a National Party caucus meeting where future legislation around drink driving rules was discussed Steven Joyce, Minister of

Transport affirmed that "all transport safety measures will continue to be voted on as a party".

Therefore, this means that voting on Darren Hughes bill for a lower BAC will be a party vote and not a conscience vote as previously indicated by John Key.

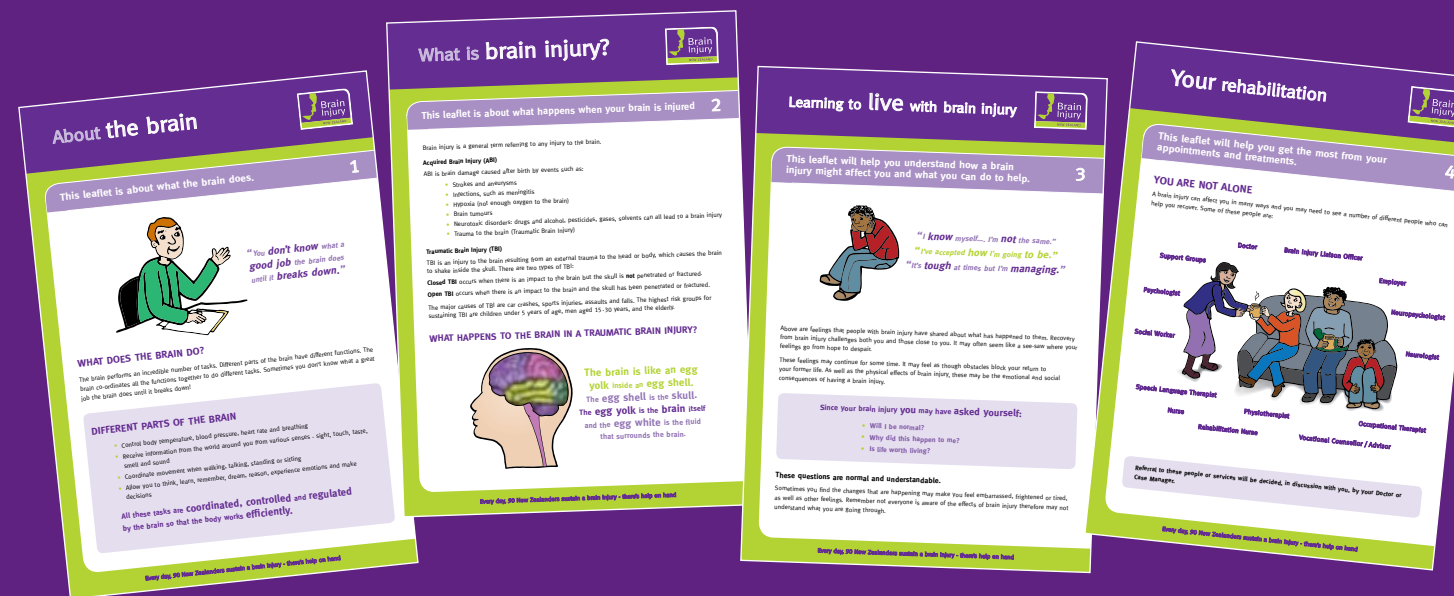
In order for the bill to be debated it has to be drawn from the member's bill ballot. Two or three bills are usually drawn every second Wednesday the House is sitting. If Mr Hughes' bill is drawn it will provide the whole of Parliament a chance to get this right!



Brain Injury New Zealand would like to acknowledge the following funders for their valuable support:



These resources are **FREE** - Please contact the National Office if you would like us to send you a set. We are happy to send in bulk to rehab providers and other interested organisations. The factsheets can be viewed online at www.brain-injury.org.nz. The next set of factsheets will be available from January 2011.



BRAINlink

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A Newsletter of Brain Injury New Zealand

Neurosurgery: a major concern for the people of Otago / Southland

A proposal to centralise neurosurgical services for the entire South Island at one site in Christchurch has the people of Otago and Southland up in arms.

The Otago Brain Injury Association has been right behind the fight to retain neurosurgery in Dunedin which is at risk of being centralised in Christchurch. The Otago Association believe having four neurosurgeons based in Christchurch and two based in Dunedin is the appropriate model necessary to provide the people of Otago and Southland with a safe and sustainable level of service.

Cathy Matthews, Liaison Officer for the Otago Brain Injury Association states, "Our members know the importance of the service - they owe their lives to the prompt, expert care and attention given to them by the neurosurgeons at the time of their injury. Otago and Southland cover a large geographical area, if the service is only in Christchurch what chance would someone in Te Anau or Queenstown have? Transportation could be affected by weather, availability or safe injury

management. When time is so critical, such a delay risks further brain damage or preventable deaths occurring."

The Members concerns are similar to others voiced by a variety of people in the south around prompt and safe treatment, travel distances, suitability for transportation and the impact and stress involved for families trying to cope if their loved one has to be treated hours away from their normal circle of support.

Members of the Association have written, emailed and taken to the streets to get signatures on a petition. They were also there alongside approximately 10,000 other passionate people for an impressive march through the main street of Dunedin on the 6th of August. Those who have survived with the assistance of the neurosurgery unit at Dunedin Hospital have bravely told their stories through the media and at very large public meetings.

Some members and the Liaison Officer also had the opportunity to speak with the Government appointed panel to put their concerns across.

We now wait anxiously until November when a decision is to be announced.



Before the March: Keri Teavae, Shari MacDonald, Alicia Miller, Cathy Matthews, Rose Finch, Howard Duff, Annette Osborne and Al Easson



The March: Banner carried by Brent Matthews and Chris Williams

If you would like to be heard email:

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Focus on Research



AUT Research Update

The Faculty of Health at AUT has a focus on research that leads to improvements in people's lives and is relevant to our community. Research exploring the impact of brain injury and ways we can improve quality of life for affected people and their family/whanau forms a key part of our current research programme.

There are a number of research teams involved in this work the following is a selection of some of the work under way.

Incidence and outcomes of brain injury

Professor Valery Feigin of the National Institute for Stroke and Applied Neuroscience (NISAN) is leading a study, in collaboration with the University of Waikato and University of Auckland, called Brain Injury Outcomes New Zealand In the Community (BIONIC).

Funded by the Health Research Council this study aims to determine how many new brain injuries (TBI) occur amongst people of all ages in the Waikato and Hamilton district within a 1 year period (1st March 2010 until 28th February 2011) and to explore the impact of TBI on the individuals, their families and society. Information from this study will be invaluable in assisting planning and estimating projected numbers of TBIs throughout New Zealand.

Currently halfway through the recruitment process, provisional study figures clearly show higher than expected numbers of TBI. With 767 people identified as experiencing a brain injury to date, and around 30% of these study participants being children aged 0-16 years old.

The BIONIC study also aims to examine the recovery process following TBI. Therefore people in the BIONIC study affected by TBI and their family members, are invited to be monitored over a 12 month period following their injury. By examining the recovery of study participants across a broad range of outcomes, including physical, cognitive, social and psychological well-being, the findings of this study will have widespread and important implications for society and the services that are available for those experiencing TBI within New Zealand.

To find out more about this study please contact BIONIC Study Managers; Kelly Hood or Amy Jones on Tel: 07 838 4257 or email bionic@aut.ac.nz

The use of herbal supplements after mild brain injury

For many people who experience a mild brain injury, persistent memory loss, difficulties maintaining attention and processing new information can be some of the most frustrating effects. A study led by Professor Valery Feigin within the National Institute for Stroke and Applied Neuroscience (NISAN) is looking at whether a herbal supplement can help to improve memory, attention and ability to process information after a mild brain injury. This study is still looking for people in the Auckland region who would like to be involved. So if you have experienced a mild brain injury within the last 3 – 12 months, are over 18 years of age and are having continued difficulties with your memory or processing information and would like further information about this study please contact: Susan Haslemore Tel: 09 921 9999 Ext: 7828 or email: shaslemo@aut.ac.nz

Noise Sensitivity in brain injury

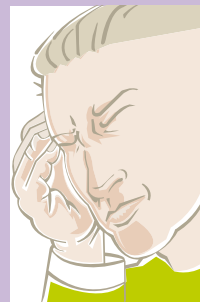
Traumatic brain injury is often referred to as the 'silent epidemic'. However, for the large proportion of TBI survivors who experience sensitivity to noise as a consequence of their injuries, suffering in silence may not be an option. In fact, noise sensitivity is one of the strongest predictors of subsequent post-concussive syndrome, and noise sensitive individuals have stronger emotional reactions to noise, have greater difficulty ignoring irrelevant ambient sound, and greater difficulty habituating.

In collaboration with BIANZ, a team from AUT University's Department of Psychology interviewed a number of TBI survivors in order to gain further insight into the experiences of living with noise sensitivity. We noted two recurrent themes in the transcripts. First, the debilitating effects of high noise sensitivity, and second, the inability of current clinical practice to detect or treat the condition.

Additionally, a number of subthemes emerged from the interview transcripts, including: 1) The undesirable emotional response to sound that is characteristic of noise sensitivity, 2) The presence of noise sensitivity as an indicator of how the participant's lives have changed, 3) Acceptance of being noise sensitive and subsequent adjustment, and 4) Difficulties interacting in public places.

The findings will be used to inform further research aimed at developing a clinical tool capable of detecting noise sensitivity and measuring its severity.

To find out more information about this study please contact: Daniel Shepherd: 09 921 9999 x7208



Goal Planning after brain injury

Goal planning (choosing something you want to achieve and then making a plan to get it done) is used a lot in rehabilitation. However, we still don't really know the best ways to help people make goals and reach them.

Kath McPherson is leading a study to find out if two new ways of goal planning after traumatic brain injury will help people with traumatic brain injury to do what they want to do and feel positive about things. The study is in collaboration with Otago University and funded by the Health Research Council. The findings

will be used to help improve recovery for people with brain injury in New Zealand. We are currently recruiting for this study in Auckland, Hamilton and Wellington. If you would like to find out more please contact a member of our research team:

Principal Investigator – Kathryn McPherson (09) 921 9999 ext 7110

Auckland – Greta Smith (09) 921 9999 ext 7676

Wellington – William Levack (04) 385 5999 ext 6279

Experiences of recovery and adaptation after brain injury

To help us to explain some of the findings from the BIONIC study (mentioned above) a study being led by Kath McPherson of the Person Centred Research Centre, within the Health & Rehabilitation Research Institute, has recently been awarded funding from the Health Research Council to enable some of the people in the BIONIC study to talk about their experiences after their brain injury in a more open, in depth, interview. We are also encouraging people to involve a member of their family or whanau in the interview so that we can also hear their experiences. This study aims to find out what people feel are the most important markers of recovery or continued difficulties over time, the things that they found helpful or unhelpful in managing symptoms and how they and their family/whanau have adjusted to living with the effects of brain injury. The longer term impact of brain injury has often been neglected in this type of research and this study aims to interview participants at 6 months, 1 and 2 years following the person injury to explore how people's experiences may change over time.

For more information about this study please contact;

Principal Investigator – Kathryn McPherson (09) 921 9999 ext 7110

(From left to right) Te Hauwhenua Kirkwood, Helen Clark, Nicola Starkey, Wayne Fausett, Alice Theadom, Richard Hall, Kirstin Thomson, Karenza Paine, Kim Douglas, Valery Feigin (Director NISAN), Moray Carr, Catherine Taylor, Jennifer Chua, Claire Townson, Kelly Hood, & Stefann Janse van Vuuren. (Absent: Amy Jones, Vivien Feng, Margaret Drew, Claire Rogers, & Stacey Stuart)



Thank you

to all those who support these studies

Research like this obviously requires a tremendous amount of support from the community, as well as a wide range of professionals and organisations throughout the country. We continue to benefit from the support of many health-related services and community organizations. For example, GPs and Accident & Emergency Centres, Physiotherapists, ACC, Cavit ABI Rehabilitation, and other service providers across the country also continue to support us by connecting us with participants.

We would like to take this opportunity to acknowledge the continual support of all those who have helped us, particularly all our participants without whom none of this work would be possible.

Brain Injury New Zealand (and in particular Graham Menary), have provided a range of additional resources available for those affected by TBI and their families and their support is much appreciated by all the researchers involved in these projects.

Thank you.

Snow Safety

While the importance of wearing a helmet while cycling is well publicised and it is widely accepted as common sense these days, there is still work to be done around such awareness in other sporting codes. After a terrible year on the ski slopes in New Zealand including four fatalities and 500 reported head injuries, Brain Injury NZ has renewed calls for helmets to be made compulsory for skiers and snowboarders.

Skiing injuries result from a range of situations, including falls, ski lift accidents, and equipment failure, however most serious injuries result from collisions with other skiers and with stationary objects – this being the case in the high profile deaths of Sonny Bono and Natasha Richardson.

The purpose of a helmet for skiers is to prevent or reduce the severity of head injuries that occur when the head strikes a fixed object. Helmets protect the skull in two different ways - they protect the head from the force of a fall by having a stiff outer shell and they absorb energy to reduce the force on the skull and brain.

There is increasing pressure internationally to legislate the wearing of protective headgear - with helmets compulsory for skiers under 18 in Italy, Lower Austria, California and New Jersey and calls for it to become law in Quebec. While there is some debate around the issue, there is no debating the fact that helmets can save lives and prevent injuries – though they should not be seen as a license to ignore common sense and safe practice.

Brain Injury NZ is committed to reversing the current trend of high levels of injuries and deaths on ski fields. Education around this is key and the Education Advisory Service has contacted all the major ski fields in the country outlining the significance of the problem and the importance of wearing helmets while skiing snowboarding. This has included the distribution of 3000 ACC Snow Sports Concussion Checklist cards, and other information and resources relating to brain injury.



While helmets are not yet compulsory in New Zealand, there are some promising trends in personal safety.

Dave Drake, Nurse at Cardrona Alpine Resort in Wanaka states "approximately 75% of people who go to the medical centre with a head injury have worn their helmet. As a result of this their head injury is less severe. Helmets are reducing the risk." Dave believes more people are wearing helmets on the slopes due to an increased awareness of the dangers and effects of head injuries.

Horse Riding

Horse riding is another activity that results in a high number of brain injuries. In fact, horse riding has the highest rate of injury of any adventure sport activity in New Zealand.

A 2006 report compiled for ACC determined that brain injuries accounted for 20-25% of all equestrian injuries.

Figures show that about 85% of riding injuries result from a fall. Research has found that most riders are aware of the available safety equipment but more than three-quarters of riders choose not to use any.

More education needs to be carried out and awareness raised around this significant cause of brain injury.

