

EDITORIAL

The high health burden from alcohol in New Zealand and the need for an appropriate government response

Nick Wilson, Tony Blakely

This issue of the *Journal* features two articles on alcohol. The article¹ by Connor et al details the large health burden from alcohol in New Zealand at an estimated 5.4% of all deaths under 80 years old (around 800 premature deaths annually). They also estimated 6.5% of all healthy life lost among 0–79 year olds in 2004 was attributable to alcohol (a loss of around 28,000 disability-adjusted life-years [DALYs]—although balanced against this was around 7000 DALYs averted). Furthermore, the analysis provides additional evidence that alcohol use contributes to health inequalities between Māori and non-Māori and between men and women.

Should New Zealand policymakers consider these estimates credible? We think they should—while still being aware of the limitations of this type of analysis as outlined by Connor et al themselves. Indeed, the key methods used are well accepted by public health scientists—as witnessed by the publication of the Global Burden of Disease 2010 (GBD2010) study result in top journals such as the *Lancet*.² Work by the New Zealand Ministry of Health has also used such methods in the recent New Zealand Burden of Disease Study (NZBDS).³

If anything though, the methods used by Connor et al seem conservative and so probably underestimate the net health harms of alcohol use in New Zealand. For example, they mention a particularly important Mendelian randomisation study⁴ casting doubt on cardioprotective benefits of alcohol use (that we have previously commented on⁵), but there is also now another relevant study just published in the *BMJ*.⁶ This recent study also suggests the limited nature of any cardioprotective effects from alcohol (i.e., largely limited to women drinkers aged 65+ years). Furthermore, if the long-term trend of declining cardiovascular disease continues in New Zealand, it is likely that any such cardioprotective benefits will decline further (but so too will some of the cardiovascular disease harm from high alcohol intake, e.g., haemorrhagic stroke).

Of course from a total societal cost perspective the impact of alcohol presented by Connor et al is also a marked underestimate of the burden of harm. As the authors note there are various other harms “such as crime, public disorder, disruption of families, or loss of employment” that were out of scope in their analysis—but which national level policymakers need to consider.

While benefits of alcohol such as the pleasure and social lubrication from modest amounts are also part of the benefit/harm tradeoff⁷—as a society we seem, as the Law Commission identified,⁸ to be paying an excessively large price in the form of alcohol-related harm.

To put the results of Connor et al into context it is possible to consider related bodies of work. That is the NZBDS ranked alcohol as the sixth most important risk factor for health loss (after tobacco use, high BMI, high blood pressure, high blood glucose, and physical inactivity).³ For Australasia (Australia and NZ combined) the GBD2010 ranked alcohol use as the ninth most important risk factor.²

Fortunately, there are many effective and evidence-based solutions to the alcohol problem and some of these, such as higher alcohol taxes, are likely to be either cost-saving or very cost-effective.^{9,10} Government could then use additional alcohol tax revenue to lower income taxes, or alternatively for projects to improve societal wellbeing in other ways (e.g., funding healthy school meals).

But organisational and research funding issues are also important for addressing the alcohol problem—and that is where the other article¹¹ in this issue of the *Journal* by Kypri et al comes in. The three authors are all professors and long-term experts in researching alcohol issues. They thoughtfully

describe the demise of the Alcohol Advisory Council (ALAC) and how its functions have been “ostensibly taken over by the Health Promotion Agency (HPA).” However, they argue that the HPA has been given less autonomy than ALAC and they raise concerns that its broad remit might reduce its capacity to deal with alcohol. They also note how the “HPA was compromised from the start by the appointment of a food, alcohol and tobacco industry representative to its Board.” The latter issue has drawn concern from others as detailed in an article in the *BMJ*¹² and from public health experts as reported in the New Zealand media.¹³

We find the analysis by Kypri et al to be a well-considered one and agree with the recommendations around the need for greater transparency and independent analysis and monitoring. Such measures may help ensure the best use of taxpayer funds—and minimise the risk of problematic industry influence (as per aspects of the “dirty politics” saga¹⁴). This would all help with New Zealand moving forward to realise the health, social and economic gains of improved alcohol control.

Competing interests: Nil. More specifically the authors have no financial interests in the alcohol sector and have never received research funding from ALAC or the HPA.

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References

1. Connor J, Kydd R, Shield K, Rehm J. The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *N Z Med J*. 2015;128(1409). <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1409/6432>
2. Lim SS, Vos T, Flaxman AD, et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*. 2012;380:2224–60.
3. Ministry of Health. Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016. Wellington: Ministry of Health, 2013.
4. Holmes MV, Dale CE, Zuccolo L, et al. Association between alcohol and cardiovascular disease: Mendelian randomisation analysis based on individual participant data. *BMJ*. 2014;349:g4164.
5. Blakely T, Wilson N, Attia J. That old chestnut again – does any alcohol consumption reduce cardiovascular disease risk? More evidence for “no”. *Public Health Expert [Blog]* (11 August 2014). <https://blogs.otago.ac.nz/pubhealthexpert/2014/08/11/that-old-chestnut-again-does-any-alcohol-consumption-reduce-cardiovascular-disease-risk-more-evidence-for-no/>
6. Knott CS, Coombs N, Stamatakis E, et al. All cause mortality and the case for age specific alcohol consumption guidelines: pooled analyses of up to 10 population based cohorts. *BMJ*. 2015;350:h384.
7. Wilson N, Imlach Gunasekara F, Thomson G. The benefits and harms of alcohol use in New Zealand: what politicians might consider. *N Z Med J*. 2011;124(1336):85–9.
8. Law Commission. Alcohol In Our Lives: An Issues Paper on the reform of New Zealand's liquor laws. Wellington: Law Commission, 2009.
9. Cobiac L, Vos T, Doran C, et al. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. *Addiction*. 2009;104:1646–55.
10. Chisholm D, Rehm J, Van Ommeren M, et al. Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. *J Stud Alcohol*. 2004;65:782–93.

<http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1409/6432>

11. Kypri K, Connor J, Sellman D. The dissolution of the Alcohol Advisory Council: a blow for public health. *N Z Med J*. 2015;128(1409). <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1409/6439>
12. McKee M. Social media attacks on public health advocates. *BMJ*. 2014;349:g6006.
13. Stewart M. Former MP under fire. *Dominion Post*. 2014;(5 September). <http://www.stuff.co.nz/dominion-post/10465647/Former-MP-under-fire>
14. Hager N. *Dirty politics*. Nelson: Craig Potton Publishing, 2014.