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SUBMISSION ON: ALCOHOL IN OUR LIVES – AN ISSUES PAPER ON THE REFORM OF NEW ZEALAND’S LIQUOR LAWS

The Department of Public Health of the Wellington School of Medicine and Health Sciences, University of Otago welcomes the opportunity to comment on this report on changes to alcohol laws in New Zealand. We commend the Law Commission for the excellent review of the issues it has presented, the clear outline of the harms from the way alcohol is consumed in New Zealand and a good range of options to reduce this harm, covering the control of supply, reduction of demand and problem limitation.

As public health practitioners we are extremely well aware of broader social and environmental determinants that influence individual health-related behaviours and largely drive population level changes in health and health related determinants like excessive and dangerous patterns of alcohol intake. Our view in answer to the question posed on page 6 of the report is that it is highly likely that ‘the proliferation of liquor outlets and ready availability of cheap liquor at all hours of night and day’ is indeed contributing to the unacceptably high and growing levels of alcohol-related crime, social disorder and ill health and injury in New Zealand. Just as second-hand smoke causes collateral damage to children, partners and workmates, alcohol causes its own devastating collateral damage, as evident in the crime statistics in this report. Add to the violent crime, the domestic violence that goes unreported, the children born with foetal alcohol syndrome, the traffic crashes and suicides associated with high alcohol levels, the emergency department staff besieged on weekends and we have a picture of culture where drinking is doing overwhelming harm.

We believe that interventions which focus on individual behaviours and notions of individual responsibility without addressing the broader social and environmental context will be wholly ineffective, particularly in the face of the easy availability of cheap liquor and the refined and targeted marketing strategies, upon which enormous amounts of money are spent by the alcohol industry. The alcohol industry which has a vested interest in maximising consumption is not going to regulate itself in any meaningful way. Expecting reductions in alcohol intake and change in the drinking culture to arise from educational interventions

alone is therefore naïve, and strategies and policy interventions which focus on changing the broader social environmental determinants which promote excessive consumption will be essential. A positive health example of how this has happened is the Smokefree legislation which has not only hugely reduced the exposure of non-smokers to secondhand smoke in workplaces and public places, it has also helped change broader societal norms about the rights of non-smokers not to be exposed to other's smoke which has in turn been reflected by decreases in exposure in areas where the legislation does not apply such as private homes (Edwards, Thomson et al. 2008) . An example of how changing policy negatively affected drinking culture is the reduction of the purchase age to 18 years in 1999 in New Zealand, which clearly led to a subsequent increase in alcohol-related harm in youth.

Supply control

We are strongly supportive of measures which aim to restrict the supply of alcohol, whether that be through licensing, restrictions on hours of opening or other measures. We are particularly concerned at the easy availability of alcohol. Measures to reduce this availability should be supported, for example by reducing the number of on and off-licences and through control of the density of liquor outlets. We also strongly support changes to increase the stipulations that can be placed on licenses and for greater monitoring and enforcement, including the temporary and then permanent withdrawal of licenses where retailers and pubs, bars etc clearly flout these rules in ways which encourage excessive and irresponsible drinking (e.g. through heavily discounted drinks during happy hours, discounts on high alcohol 'chasers' and the like). Failure to do this means not only that the current situation will continue, but also that it will escalate, as has occurred already in the United Kingdom, where city and town centres are overwhelmed with liquor outlets. .

Given the easy availability of alcohol, we can see no justification for allowing more outlets selling alcohol – such as petrol stations, or for supermarkets to sell spirits as the report seems to support. We also call for much tighter regulation of 'alcopops' – the sugary, alcoholic drinks targeted at young people. The alcohol content of these drinks is often unclear and the alcoholic taste obscured by flavours and sweeteners. Such drinks, which seem to be specifically designed to hook youth and children into excessive alcohol consumption, and are clearly marketed to target young people, should be banned.

We would also favour a return to the minimum purchase age for both on-licence and off-licence premises to be 20 years rather than leaving this as a minimum of 18 years for on-licences. There is little evidence to support the notion that teenagers drink more responsibly and safely at on-licensed premises. For example, from the 1995 Drinking in New Zealand Survey, much of the heavy drinking done by young men was at on licensed premises and harm from drinking was more likely to be experienced at licensed premises (Wyllie, Millard et al. 1996). A significant proportion of serious assaults occur at and around licensed premises (of both types). Splitting the purchase age does not make sense if protecting young people from harm is the objective. We also would encourage a policy of anyone being served liquor at a licensed premise who appears to be aged less than 25 years to be asked for identification, as is the case in many supermarkets that sell alcohol. However, we believe that restrictions on age are of secondary importance to reducing the general availability of alcohol, as the evidence is unclear as to the effectiveness of these interventions.

Demand reduction

We strongly support the recommendations for reducing demand by increasing prices. As for tobacco products, this is likely to be the single most effective measure for reducing consumption. We believe that there should be a clear pricing strategy adopted with regular, sustained increases in tax and duty on alcoholic drinks, and with a differentiation wherever possible to particularly focus increase prices on drinks which are most associated with abuse e.g. 'alcopops', high strength beers etc. A minimum pricing strategy should be adopted, to abolish the extremely low prices offered in some supermarkets on wine and beer and to outlaw price promotions in licensed premises that lead to excessive drinking. We also believe that to ensure adequate and sustainable resourcing of the other measures such as an enhanced licensing system, treatment services and social marketing campaigns, that additional revenues from the tax increases should be ear-marked to alcohol prevention and treatment programmes. This will have the additional effect of making the increase in price more acceptable to the public (as has been clearly shown for ear-marking of tax increases on tobacco products (Wilson, Thomson et al. 2009)).

We feel strongly that the Commission has not gone far enough in its stance on alcohol advertising. The alcohol industry is very similar to the tobacco industry. Similar strategies that were used to minimise harm from smoking need to be applied to the area of alcohol. We need to remove alcohol advertising in totality, especially from sport and cultural events. We recognise that this will be extremely difficult, politically challenging, and will create screams of protest from the industry and anyone affiliated with them. But it has been done before with tobacco and it can be done again. For example, the Bensen and Hedges Cricket series is now sponsored by the banks; the Rothman's rally became the Smokefree rally; the Royal New Zealand ballet, who was previously supported by tobacco industry money, is still going strong. We propose that this be done slowly, in an incremental manner, and that large sponsorships, such as Steinlager's sponsorship of the All Blacks, be taken over by the Health Sponsorship Council, using alcohol excise taxes as funding, at least until other sponsors can be found. This is extremely important – we cannot expect a shift in the culture of drinking in New Zealand while the alcohol industry is allowed to continue marketing as it is, especially linking its product to sporting heroes. Marketing of alcohol to youth should be explicitly banned, as the burden of harmful drinking is falling on young people, due at least in part to cunning marketing from the alcohol industry, such as targeted drinks for youth (alcopops) and clever advertising. In addition any marketing that includes promotion of alcohol on price (e.g. happy hours, doubles for price of a single, bulk discounts etc) should be banned. Much research indicates that advertising influences the drinking patterns and attitudes to alcohol of young people (Anderson 2009), and advertisements make alcohol attractive to young people, linking it to lifestyles to which they aspire (Hill and Casswell 2001). It is frequently heard that a responsible drinking culture such as enjoyed by the French is the goal for New Zealand society. To achieve this goal, the French strategy of "Loi Evin" which does not allow any alcohol advertising or alcohol sponsorship, should be adopted in New Zealand, as a vital step towards a safer drinking culture.

Problem limitation

The proposed problem limitation solutions are all highly commendable and have our support. We also urge increased funding to appropriate assessment and treatment services for alcohol-related health problems, using excise taxes from alcohol, with the proviso that

funding for treatment should be complementary to and not instead of the broader measures to prevent harmful drinking outlined above. Alcohol excise taxes should be ringfenced and earmarked towards funding alcohol harm prevention and treatment services.

In addition to promoting knowledge of standard measures of alcohol (serving sizes), we also encourage promotion of the 'low risk' drinking pattern. These messages need to be promoted through well-resourced and sustained mass media campaigns and health education interventions in clinic and community-based settings. Adoption of the Australian guidelines (National Health and Medical Research Council February 2009) is suggested, as 2 standard drinks per day (14 per week – and no more than four per drinking session), for both men and women, as a benchmark of a 'low risk' drinking pattern. This low risk drinking pattern should be promoted as the level of drinking at which the risk of harm from alcohol is minimal. Due to confusing and inconsistent messages about safe and responsible drinking, and the conflicting messages the public hears about beneficial effects of alcohol (for the heart) versus harmful effects (for the liver, brain, causing cancer, obesity, etc), having a clear and decisive message about low risk drinking would be very useful, for the general public to be able to assess their drinking levels against, and workers in the field, in education, and for researchers.

Conclusion

The Law Commission has done a thorough and timely review on the Liquor Laws in New Zealand and the Department of Public Health upholds the general direction of the proposals made. However, we believe that only a comprehensive strategy which targets the social and environmental determinants of excessive consumption will be effective. We particularly urge the Commission to tackle the easy availability of alcohol and to ensure that the prices is increased in real terms in a sustained fashion. We also believe that the proposal on alcohol advertising should be greatly strengthened as has been done for tobacco advertising. The harms from misuse of alcohol in New Zealand at present are extensive and failing to curb the alcohol industry's advertising power will greatly reduce the chance of this review changing the drinking culture in New Zealand for the better.

Recommendations

1. Support for restrictions on availability of alcohol through on and off sales including more stringent licensing regime and reduction in on and off outlet density, and maintaining the restriction on supermarkets from selling spirits and limiting the range of outlets.
2. A long term alcohol price strategy, which includes minimum prices, sustained regular increases in taxes on alcohol to achieve a real increase in price, bans on discounting and price promotions, and annual independent reviews of alcohol price effects and policy needs.
3. Ring-fenced excise taxes from alcohol to go towards assessment and treatment for alcohol-related health problems and to fund other policies and interventions to counter excessive drinking and harm from alcohol.
4. No alcohol advertising or sponsorship.
5. No marketing (including product design) that may influence those under 20 years.
6. Well-resourced public education campaigns which include a benchmark for low risk Kiwi drinking, using the Australian guidelines.
7. A minimum purchase age of 20 years for both on-licence and off-licence premises.

References

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