The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Submission to the Parliamentary Select Committee

Alcohol Reform Bill

17 February, 2011

About the New Zealand Psychological Society

The New Zealand Psychological Society is the largest professional association for psychologists in New Zealand. It has over 1000 members and subscribers and aims to improve individual and community wellbeing by representing, promoting and advancing the scientific discipline and practice of psychology.

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Introduction

Alcohol is the most widely used psychoactive recreational drug in New Zealand (Sellman, Robinson & Beasley, 2009; NZLC, 2009). Its consumption is ubiquitous across society. According to the Ministry of Health's Alcohol Use survey (2004), 81% of New Zealanders between the ages of 12 – 65 reported the use of alcohol over a 12 month period. While alcohol is consumed in moderation by many New Zealanders, an alarming proportion consume harmful or hazardous levels of alcohol (Marsden Jacobs Associates, 2009). Indeed, over 700,000 New Zealanders are classified as heavy drinkers (Wells, Baxter, & Schaaf, 2006). The costs of problem drinking behaviour has led to a significant increase in motor vehicle related accidents and fatalities (Connor & Casswell, 2009). According to Stevenson (2009) one-third of police apprehensions involve alcohol.

Our psychologist members work in a variety of settings where the deleterious effects of excessive alcohol use, dependence, and abuse are well recognized. We work with individuals, children, whanau/families and communities to redress the negative impact that this problem behaviour can bring in relation to poor physical and mental health outcomes. Research undertaken in a cohort of 1,037 New Zealanders as part of the Dunedin Multidisciplinary Health and Development Study (2008) identified an increased risk of substance dependence, sexually transmitted disease (STDs), early pregnancy, poor academic achievement, and crime amongst adolescents who began imbibing alcohol prior to their fifteenth birthday (Odgers et al. 2008)

Psychologists are well aware of the significant role that alcohol use has on violent offending and sexual offending. Of concern is that 70,000 physical and sexual assaults each year involve alcohol (Connor, You, & Casswell, 2009). Moreover, alcohol is a substance well known for its contribution to mortality and risk of disease globally and in New Zealand (Murray and Lopez, 1997; Room, Babor, & Rehm, 2005).

Psychologists specialising in the areas of health psychology and clinical psychology recognise the damaging effects of prolonged and excessive alcohol use in relation to the progression and deterioration of numerous health conditions such as; bowel cancer, breast cancer, cardiovascular conditions, liver disease, obesity, and stroke. From a mental health standpoint, substance abuse disorders have contributed to rising rates of depression, anxiety, self-harm, and suicide (Wells, et al., 2006).

Alcohol is a neurobehavioural teratogenic drug (like thalidomide, which affects limb development only) and its use by pregnant women has an impact on in-utero growth and central nervous system development.

Educational psychologists are well acquainted with pupils having learning and behavioural problems which are attributable to foetal alcohol syndrome. An estimated 600 children born each year in New Zealand suffer from alcohol related damage (Alcohol Healthwatch 2010). This remains an enduring problem for these children throughout their schooling and in turn negatively impacts on their own ability as an adult, to parent successfully.

Psychologists who work in the community (e.g. for Child, Youth and Family Services) are similarly well acquainted with parents who have foetal alcohol syndrome, although there is often no specific diagnosis because of the difficulty in procuring valid information about their mother's drinking patterns whilst pregnant. There is no known safe level for alcohol consumption by women within the first trimester of their pregnancy and the effect on sperm quality is a largely ignored problem in comparison.

The effects of alcohol consumption on performance at work, study and in family life extends to other members of the community as family members, students and work colleagues adapt to compensate for the impact of alcohol affected behaviour.

Position Statement

Despite the burgeoning evidence on the harmful effects of excessive alcohol consumption and its ramifications on our society, as outlined above and in the historic report by the New Zealand Law Commission (Babor, et al, 2010; NZLC, 2009), the New Zealand Psychological Society believes that the Alcohol Reform Bill lacks the depth and breadth required to substantially curb our nation's drinking problem. Indeed, we have a strong, binge drinking culture that promotes and normalises alcohol intoxication rather than moderate alcohol consumption.

We do not support the Alcohol Reform Bill in its current form. Therefore, we recommend the following changes to improve the well being of all New Zealanders:

Recommendations

We would like to acknowledge Professor Douglas Sellman and the Alcohol Action Group for their work in relation to the following recommendations and conclusions which the New Zealand Psychological Society supports:

Taking the Alcohol Reform Bill further: A proposed alternative approach to the harm alcohol causes, using the 5+ Solution Framework

The 5+ Solution, based directly on the World Health Organisation sponsored publication *"Alcohol: No Ordinary Commodity"* (Babor et al 2003; Babor et al 2010) is a set of evidence-based strategies to guide countries in reducing alcohol-related problems.

Using the six points of the 5+ Solution framework, we critique and comment on the Government's proposed response to the Law Commission's review as outlined in the Bill.

1. Raise alcohol prices

Evidence

Raising the price of alcohol is the most simple and effective measure to reduce the consumption of alcohol (Wagenaar et al 2009). Raising the price of alcohol through increased excise tax is however one of the greatest concerns of the alcohol industry because of its likely effect on consumption of alcohol (Bond et al 2010).

Current Alcohol Reform Bill proposal

To seek further price data, voluntarily provided by the alcohol industry

Comment

It is questionable whether data supplied by the alcohol industry will assist the Government in an evidence-based manner.

Suggested changes

- That the Government signal a strong commitment to raising the price of alcohol. This could be achieved by beginning with minimum pricing per standard drink, followed by strategic excise tax increases over time.

2. Raise the alcohol purchasing age

Evidence

The Law Commission, after fully examining the evidence, recommended a return to an alcohol purchasing age of 20 years for both on- and off-license premises.

Current Alcohol Reform Bill proposal

The Government has proposed raising the purchasing age in off-licence premises to 20 years, whilst retaining 18 years for on-licence, and offering a conscience vote to Members of Parliament on this issue. The new Bill also makes provisions for giving parents and guardians more responsibilities in supervising and controlling drinking in their teenage children.

Comment

These measures are positive signals but without other more substantial legislation will have little impact on the heavy drinking culture, as less than 10% of heavy drinkers are under the age of 20 (Sellman, 2011). The offering of a conscience vote could be interpreted as indicating ambivalence on the part of the Government towards making a change which could have a significant impact on alcohol consumption.

Suggested changes

- Return the purchasing age for all alcohol to 20 years.

- Ensure that the a matter as important as this is not left to individual conscience voting but that members of parliament are provided with evidence based data on which to base their voting to encourage safe and healthy community practices around the consumption of alcohol.

- Don't portray youth as the cause of the heavy drinking culture, but rather highlight the fact that young people rely on adults to model appropriate behaviours including those around the moderate use of alcohol. It is unfortunate that a pattern of consumption to intoxication as come to be seen as normal and acceptable in a sector of the community despite the evidence that many in the community think otherwise.

3. Reduce alcohol accessibility

Evidence

The Law Commission reviewed the substantial body of research which shows a strong relationship between alcohol-related harm and the general availability of alcohol, both in terms of hours of purchase as well as the convenience of where alcohol can be purchased.

The Hospitality Association of New Zealand (HANZ) has estimated that about 70% of the alcohol sold in New Zealand is sold off-license, the vast majority of which is through supermarkets.

Current Alcohol Reform Bill proposal

- Broadening of conditions to be considered in the granting and withdrawal of licenses to sell alcohol
- Establishing default hours of purchase for off-license of 7am – 11pm, and for on-license 8am – 4am
- Clarifying that dairies and convenience stores are not supermarkets
- Providing local councils the option of adopting a local alcohol plan which may include bans on alcohol sale or consumption at some or all times for specified places

Comment

These proposals are in the right direction but are unlikely to have more than a marginal impact on the heavy drinking culture. Of particular note is the lack of a significant

reduction in the hours of purchase, and even more importantly, the lack of any separation of the purchase of alcohol from ordinary supermarket items.

Sir Geoffrey Palmer has publicly acknowledged (Working Together Conference, May 2010) that the recommendations of the Law Commission (of which he was then President) were not strong enough in relation to the commercial activity of supermarkets with respect to alcohol.

Suggested changes

- Reduce the hours of purchase for off-license to 10am -10pm, and on-license 10am – 1am.
- Require separation of the spaces in which alcohol is displayed and, perhaps, sold in supermarkets
- Researching the additional population health gains and productivity of removal of alcohol sales from supermarkets.

4. Reduce marketing and advertising

Evidence

Evidence for this part of the 5+ Solution has strengthened further over the past ten years as outlined in the second Edition of *"Alcohol: No Ordinary Commodity"* (Babor et al 2010). This is one of the measures the alcohol industry fears the most (Bond et al 2009). On reviewing the evidence, the Law Commission has recommended phasing out virtually all alcohol advertising and sponsorship of sport and cultural events.

Current Alcohol Reform Bill proposal

To strengthen regulations around promotions at the point of sale

To ensure that alcohol advertising doesn't have special appeal for people under the purchase age

Comment

There is no commitment in this Bill to the Law Commission's five year plan to dismantle alcohol advertising and sponsorship in the same way as has occurred in relation to the promotion of tobacco.

As long as the Government allows powerful and persuasive methods of promoting alcohol to continue, the heavy drinking culture will be maintained.

Suggested changes

- Indicate a commitment to bringing an end to all alcohol advertising and all alcohol sponsorship except objective, printed product information, similar to the change that has been made to the promotion of tobacco products.

5. Increase drink-driving countermeasures

Evidence

Evidence from the Government's own Ministry of Transport indicates that the single most effective measure the Government could enact to decrease drunk driving deaths, injury and social costs is decreasing the legal alcohol limit for driving from 0.08 to 0.05. Australian research has shown that a drop in the level has a positive significant impact on even the heaviest of drinkers (Connor taken from Sellman 2011 submission). Reducing the legal alcohol limit for driving is also one of the key concerns of the alcohol industry (Bond et al 2010).

We note that forty percent of the injuries from drunk driving involve people other than the affected driver (Connor et al 2009), disproving the argument that people's excessive consumption of alcohol affects mostly them as individuals.

Current Alcohol Reform Bill Proposal

While not integrated into this Bill, this measure appears to have been by-passed by an accompanying Government Bill, the Land Transport (Road Safety and Other Matters) Amendment Bill, which calls for "more research" to be undertaken on the harm associated with driving under the influence between 0.05 and 0.08.

Comment

We are perplexed as to why more research is being commissioned when researchers themselves are not advocating for it, the Government's own Ministry of Transport isn't recommending it, and there is already a large body of international research which has convinced the majority of developed countries including Australia that reduction is merited.

Suggested changes

- Put an end to "legal drunk driving" as soon as possible by reducing the adult legal alcohol limit for driving from 0.08 to no more than 0.05.

PLUS: Increase treatment opportunities for heavy drinkers

Evidence

Providing more accessible and effective treatment, especially brief intervention for the less addicted drinkers, is a clear evidence-based policy for reducing alcohol-related harm (Babor et al 2010).

Of the 700,000 heavy drinkers in New Zealand, some 580,000 are hazardous and problem drinkers rather than dependent drinkers, indicating the need for significantly improved brief intervention services across a wide range of health, education, social care and justice services, as well as improved treatment for addicted people.

Current Alcohol Reform Bill Proposal

There have been some recent new initiatives in addiction treatment provision, which are welcomed. However, these have been primarily in the context of the "methamphetamine crisis". The Government has also announced the development of a blueprint for addiction service delivery by the Ministry of Health.

Comment

There has been no commitment to expanding treatment for people with alcohol related problems. The development of a blueprint for addiction service delivery could easily be interpreted as another inexplicable delay when there is more than adequate research to support expanding treatment services.

Suggested changes

- Firstly acknowledge the extent of the heavy drinking culture in New Zealand i.e. that there are at least 700,000 heavy drinkers in New Zealand

- Then announce a commitment to improving treatment opportunities for hazardous and problem drinkers.

Summary and conclusion

The key to alcohol law reform is enacting measures that will make a substantial difference to changing the heavy drinking culture. We need a paradigm shift similar to the dismantling of the smoking culture that has occurred in New Zealand over the past 40 years. New Zealand needs new laws that will restrain "the unbridled commercialisation of alcohol", described on the first page of the Law Commission's final report (NZLC 2010).

The landscape changes to New Zealand's smoking culture have come about through significant increases in prices, reducing accessibility and reducing advertising and sponsorship; but with heavy drinking, there is a fourth evidence-based strategy - drink driving countermeasures.

Missing from the proposed Bill are any measures that will make a significant difference to commercial forces that are driving consumption. Leaving it to hope that the heavy drinkers will spontaneously change, while allowing the full force of alcohol commercialisation to continue, amounts to a Government-approved heavy drinking culture.

The following four key alcohol actions, based on the 5+ Solution are the type of measures that would impact on the commercialisation of alcohol. These measures would change the attitudes and behaviour of the 700,000 heavy drinkers in New Zealand, and if the Government was serious about the need for change, it would add the following to the new Bill:

Put an end to:

1. Ultra cheap alcohol, beginning with a minimum price for a standard drink
2. Highly normalised and accessible alcohol, by restricting supermarket sales and researching productivity and health gains of their being alcohol free
3. All alcohol advertising and sponsorship, except objective printed product information
4. Legal drunk driving, by reducing the adult blood alcohol level to no more than 0.05.

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