

Background Information on a Call for Action on Alcohol

A call for action to the incoming 2014 Government to progress effective alcohol law reform towards halving the harm from alcohol

*“If alcohol were a communicable disease, a national emergency would be declared”
Dr William C Menninger (1957)*

Background

New Zealand has a major problem with alcohol. It is a highly commercialised marketable commodity available for sale, often at special discounted prices, for most of the 24 hours each day. Alcohol is easily accessed from supermarkets and liquor stores throughout the country, and alcohol advertising and sponsorship are dominant features of everyday life. It is not surprising that consuming alcohol is viewed by many as an ordinary benign activity linked to social competence, with little recognition of alcohol as a potentially harmful and addictive recreational substance.

Alcohol is causally related to more than 60 medical conditions [O’Hagan et al 1993; Room et al 2005] and there are close to 1000 deaths each year that occur as a result of alcohol consumption in New Zealand. About half of these are due to chronic alcohol-related diseases, of which cancers make up the largest proportion. A recent report [WCRF 2007] concludes that the evidence for alcohol as a cause of cancers of the mouth, pharynx, larynx, oesophagus, bowel (men) and breast (women) is convincing and that it is a probable cause of other cancers. The other half of alcohol deaths are from injuries, including suicide. These injuries occur disproportionately amongst young people, which impacts on years of life lost due to alcohol, calculated to be 17,000 per year [Connor et al 2005]. The recent update of the burden of disease and injury from alcohol in New Zealand shows that alcohol consumption is responsible for 5.4% of deaths and 6.5% of disability-adjusted life years lost in New Zealanders under 80 years of age [Connor et al 2013]. At least 600 New Zealand children are borne with fetal alcohol spectrum disorder each year [Sellman & Connor 2009].

A quarter of New Zealand drinkers over 15 have a sustained pattern of problematic drinking [Wells et al 2006], equivalent to at least 700,000 heavy drinkers who could benefit from a therapeutic session with a health professional. As well as damaging themselves, these fellow citizens are the cause of considerable collateral damage at home and at large, much more than the passive smoking associated with tobacco users. A visit to any Emergency Department on a Thursday, Friday or Saturday night, a stroll downtown in most cities in New Zealand at these times, or a visit to a Women’s Refuge or addiction clinic would astound many people.

The ‘sophisticated’ alcohol culture promised twenty-five years ago by advocates of the liberalising Sale of Liquor Act 1989 has turned out to be an increasingly endemic heavy binge drinking culture in New Zealand [De Bonnaire et al 2004; Wells et al 2006]. The cost of alcohol harm is estimated to run into billions of dollars, money that would be much better spent on community benefits.

No political party while in government has undertaken alcohol reform of sufficient effectiveness to substantially reduce harm that results from heavy drinking, despite having had the means to do so.

Industry influence

Research has revealed that the tactics being employed by the alcohol industry to prevent effective regulation of alcohol are the same as those used by the tobacco industry [Bond et al 2009; 2010]. These tactics are primarily designed to maintain and increase the sales of alcohol despite the enormous personal and social damage, and to deflect moves to control supply by emphasising individual responsibility. The alcohol industry is ambitious to extend their business activities and further increase the per capita consumption of alcohol by New Zealanders, as elsewhere.

Change is possible

The struggle against smoking and the tobacco industry is an instructive historical precedent, and gives hope that entrenched attitudes and behaviours around alcohol can change. Initially there was reluctance by New Zealanders (even health professionals) to become embroiled in public debate about tobacco. However, the evidence of harm and sustained pressure by a broad range of citizens led by health professionals over 40 years has brought comprehensive changes, in terms of tobacco supply, marketing and sale [Wynder 1997]. Changes in public opinion about smoking have followed from changes to the regulation of tobacco.

The Solution

Evidence about effective alcohol policies has been accumulating in publications sponsored by the World Health Organisation over the past 40 years, beginning with “Alcohol Control Policies” [Bruun et al 1975], through “Alcohol Policy and the Public Good” [Edwards et al 1994] and culminating in the seminal publication, “Alcohol: No Ordinary Commodity” [Babor et al 2003], and its second edition in 2010.

This literature summarises the best scientific evidence available about ways alcohol damage can be reduced in a society. It demonstrates that alcohol needs to be more effectively regulated in order to bring about change in the heavy drinking culture, in the same way that tobacco has been slowly brought under better control; and that the policies favoured by the alcohol industry, education and self-regulation, only perpetuate the problem.

A “5+ Solution” based on this evidence was formulated in 2009 by the medically-led civil society advocacy group Alcohol Action NZ. This “Solution” provides a summary of the more effective strategies.

- 1. Raise alcohol prices**
 - 2. Raise the purchase age**
 - 3. Reduce alcohol accessibility**
 - 4. Reduce marketing and advertising**
 - 5. Increase drink-driving counter-measures**
- PLUS: Increase treatment opportunities for heavy drinkers.**

During 2009/2010, the New Zealand Law Commission, led by Sir Geoffrey Palmer, undertook the most comprehensive review of the liquor laws in New Zealand's history. The final report "Alcohol in our lives: Curbing the harm" [NZLC 2010] makes recommendations derived from the same evidence base as the 5+ Solution adapted to the contemporary New Zealand context. Although all of the key recommendations were ignored by the National-led government at the time, the document remains an authoritative New Zealand blueprint for change.

The argument is often heard that policies to slow the supply of alcohol through increasing price or reducing physical availability diminish personal freedom and autonomy of "ordinary New Zealanders". It is time we moved from the self-interested and sometimes destructive "freedom to" (... drink as much as you want; supply alcohol to your children's friends; promote and sell alcohol anywhere any time) and consider the "freedom from" the harms caused by heavy drinking.

It is no surprise that repeated reviews of research evidence by experts find that policies that limit the availability and promotion of alcohol are the most effective. They change the environment in which people live, and determine what is normal.

Developments in other countries

Many other countries are also under pressure from the alcohol industry to keep alcohol regulation to a minimum. Countries where a laissez-faire approach to alcohol exists, such as Brazil, have greater alcohol problems than countries where alcohol is considered a special product requiring a careful set of regulations such as Sweden. While no country has enacted a sufficiently comprehensive set of policies to achieve the synergy required to halve the harm from alcohol, the most effective strategies have been applied individually. Some examples are:

- Scotland's parliament has legislated for a minimum price per standard unit of alcohol of 50p, to eliminate ultra-cheap products, although this is now being challenged in various courts by the alcohol industry.
- Finland, like other Scandinavian countries, has excise tax on alcohol about twice as high as New Zealand.
- The whole of the USA has a minimum drinking age for alcohol of 21 years.
- Ireland has off-licence trading hours of 10.30am - 10pm Monday – Saturday, 12.30 - 10pm on Sundays. California has a blanket closure of on-licences at 2am.
- The South African government has recently formulated legislation to ban all alcohol advertising and sponsorship, in even more stringent fashion than has existed in France for more than 20 years, although is now bracing itself for attack by the alcohol industry during the upcoming parliamentary process.
- Most countries of the world have a blood alcohol concentration (BAC) drink-driving limit of 0.05 or less, including Australia. Countries with a BAC of 0.02 or 0.03 include Sweden, Norway, Poland and Japan.
- Norway has resisted the influence of the European Union in maintaining strong regulation of alcohol in the face of trade agreements.

Priority actions for the incoming government of 2014

The current government has introduced legislation to lower the adult driving limit from a blood alcohol concentration of 0.08 to 0.05. This is the first significant move to reduce alcohol-related harm for many decades, and is due to be enacted in 2014. There is also new legislation which provides for councils to formulate Local Alcohol Policies, which can limit

the trading hours and number of liquor outlets in their jurisdictions. These are coming under attack from the alcohol industry in several regions, but nevertheless represent an opportunity for availability of alcohol to be reduced.

There is currently no statement of intent by government to address the two main drivers of demand for alcohol – marketing and pricing. Dismantling the marketing of alcohol (both advertising and sponsorship) will help dismantle the deception that alcohol is a cool, glamorous product integral to a successful life - as tobacco was once promoted. Increasing the price of alcohol is the easiest and most cost-effective measure a government can undertake to reduce alcohol-related harm.

The Law Commission made clear recommendations on advertising and promotion in 2010. Phased in over 5 years, the plan culminated in the ultimate aim of “bringing about a situation where no alcohol advertising should be permitted in any media other than that which communicates objective product information, including the characteristics of the beverage, the manner of production and the price”

In terms of pricing, there are two effective approaches which target different aspects of affordability. Increasing tax on alcohol across the board unequivocally reduces consumption. The Law Commission recommended a 50% increase in excise tax, that would result in a 10% increase in price. The second approach is minimum unit pricing, which increases the price of only the cheapest alcohol, eliminating the supply of very cheap high alcohol drinks, and stopping the deep discounting of more standard alcohol products.

We call on the 2014 incoming government to take action on alcohol quickly and boldly. We welcome them to call on the expertise of public health scientists who understand the evidence of effectiveness for different measures, and know about progress in the rest of the world.

It will take courage for the government to show strong leadership in reducing alcohol-related harm. They will need to adopt policies that have a high probability of being effective, and that will be unpopular for some constituencies such as the liquor and advertising industries. Measures that increase rather than decrease the overall freedom and autonomy of New Zealanders and improve our quality of life are available and should be used.

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