Medical Research Institute of New Zealand
Rangahautia Te Ora

Postal address:
Private Bag 7902, Newtown
Wellington 6242, New Zealand
Telephone: +64 4 805 0147
Facsimile: +64 4 389 5707
Physical address:
Level 7, CSB Building
Wellington Regional Hospital
Riddiford Street, Newtown
Wellington 6021, New Zealand
Website: www.mrinz.ac.nz

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The Justice Select Committee
Parliament Buildings

Dear Members

The Medical Research Institute of New Zealand (MRINZ)

The MRINZ is an independent charitable trust involved in clinical research both locally and internationally over a variety of domains. It is also a provider of postgraduate training, and a postgraduate qualification (MD). Our staff includes medical and other research scientists.

Previously the MRINZ provided an Alcohol and Drug research programme, and this interest has prompted our submission.

ALCOHOL-a Drug of High Risk of Harm

We recognise the classification of alcohol (C2H5OH, ethanol, ethyl alcohol) as a DRUG most commonly found in alcoholic beverages. (It is also used as a solvent and for many other industrial purposes.)

As part of our Alcohol and Drug programme, we contributed to a scientific publication entitled "Should alcohol be scheduled as a drug of high risk to public health?"[1] We examined alcohol using the six criteria in the New Zealand Misuse of Drugs Act and the Expert Advisory Committee on Drugs, that are used to decide the classification of drugs, i.e. Class A-very high risk of harm; Class B-high risk of harm; e.g. strong prescription Opioids; Class C-moderate risk of harm. Using Gamma-hydroxybutyrate, (now a Class B1 drug), as a comparator, we found alcohol was similar.

It is thus our contention that alcohol should be regarded as the equivalent of a Class B controlled drug, demanding the stewardship and regulation of such classification status. This concept is at major discrepancy with the current situation and policy, whereby alcohol beverages are ubiquitous and drinking normalised, as any cursory glance around a supermarket will attest!

This drug, which is not an ordinary commodity, has become more affordable, available and commercialised in alcoholic beverages.

We also note that alcohol causes significant harm not only to users, but also to others. Professor D Nutt reported on a UK Expert Committee on Drugs which opined that alcohol is the most harmful recreational drug, when harms to others are included in the analysis.[2]

Pharmacological effects of alcohol:

a) Benefits - relaxation, reduced anxiety, sociability, range of pleasant-tasting beverages

b) Intoxicant – intoxication readily achieved causing drunkenness, aggression, loss of judgement

c) A Central Nervous System depressant - higher doses produce stupor, coma, and death from alcohol poisoning (N= c.40/year deaths in NZ)

d) Organ toxin - with longer term use and dose-related. There are over 100 medical conditions, involving most bodily organs, linked to alcohol: e.g. liver disease, pancreatitis, atrial fibrillation, hypertension, osteoporosis

e) Carcinogen - causative of breast and a range of gastrointestinal malignancies

f) Teratogen - foetal alcohol spectrum disorders

g) Neuropsychiatric - depression/suicide, anxiety, dementia syndromes

h) Addiction - dependence and alcohol use disorders

We note that the number of deaths per annum in New Zealand from all alcohol-related causes has been estimated as c.800.[3] This is in a similar range to influenza and COVID-19. We also note the shift away from the term "safe-drinking". Although there is some debate on possible health benefits from low dose drinking in certain subsegments of the population, it is now reasonable to consider any alcohol use as at least "low-risk drinking".[4,5]

Comments relating to the Bill:

Thank you for considering our pharmacological approach to the drug alcohol, its Class B equivalence, and its wide range of effects and harms to the drinker and others. We wish to demonstrate the need for commensurate controls for this drug. We believe there should be stronger public health controls over the main factors that influence population alcohol consumption, binge-drinking and the array of harms. As you are aware, these include price, marketing, and availability via hours of sale and density of on-and off-licence outlets. We believe it is in the public interest to reduce alcohol availability, and especially so in certain areas of vulnerable sections of the population.

Responsible stewardship over alcohol is required by Government both central and local . The current system for Local Alcohol Policies (LAPs) has clearly not been working successfully and the intentions of the Sale and Supply of Alcohol Act 2012 Act have not been delivered. We applaud the Government for reviewing the law around these processes, which have been cumbersome, protracted, and resource-consuming, and may have unwittingly favoured the liquor/supermarket industries.

We support the various amendments, especially removing the special appeals process on local alcohol policy-making. We trust the outcome of this review will make significant progress and empower avenues for local bodies to better control this dangerous drug, alcohol.

Finally, we were encouraged to hear the former Prime Minister express an intention that the Government will consider further public health approaches that will reduce the harms from this drug, which is not an 'ordinary commodity'.[6]

Yours sincerely

Geoffrey Robinson
Physician

Richard Beasley
Professor of Medicine
Director, MRINZ

References:

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