



## Regarding New Zealand Medical Association's position on the minimum purchase age for alcohol

The New Zealand Medical Association (NZMA) opposed the lowering of the drinking age in 1999 and until recently supported returning it to 20 years of age. In their recent written submission to the Select Committee they concluded:

Although the NZMA opposed the original decision to lower the purchase age, we are not convinced that the problems associated with excessive alcohol use by young people can be curbed simply by re-raising the age to 20 years. Therefore, we do not support that proposal within the Bill.

This stance simply ignores the research evidence. Four studies conducted in New Zealand, by independent groups of researchers, using a variety of methods, showed deleterious health effects of lowering the minimum purchase age in 1999.<sup>1-4</sup> Furthermore, in a meta-analysis of 23 published studies on the effects of increasing the drinking/purchase age in the USA, median reductions in the incidence of various traffic crash outcomes were 12%–16%.<sup>5</sup>

In their submission, the NZMA only refer to one of numerous published papers on this subject. Could the NZMA explain to readers why their submission was not based on an adequate review of the public health evidence?

Dr Boswell in his oral submission to the Select Committee is reported (*Otago Daily Times [ODT] 4 May 2006*) as saying “*There is no clinical evidence to suggest alcohol was more harmful to an 18-year-old than a 20-year-old.*” Could Dr Boswell advise readers whether this is an accurate quote and if so: (a) what is meant by ‘clinical evidence?’ and (b) the lengths that NZMA went to verify this statement.

Dr Boswell is reported (*ODT 4 May 2006*) as advising the Select Committee that there had “*...been vigorous debate among NZMA members—many of them medical students.*”

The written submission also states:

“*...membership includes significant numbers of medical students and young doctors.*” Readers could be forgiven for thinking that factors other than a considered review of the evidence were brought to bear on their deliberations. Could NZMA advise the relevance of these statements in undertaking an evidence-based approach to the evidence?

John Langley  
Director

Kypros Kypri  
Senior Research Fellow

Injury Prevention Research Unit  
Department of Preventive and Social Medicine  
University of Otago, Dunedin

## References:

1. Everitt R, Jones P. Changing the minimum legal drinking age—its effect on a central city Emergency Department. *N Z Med J.* 2002;115:9–11.
2. Guria J, Jones W, Leung J, Mara K. Alcohol in New Zealand road trauma. *Appl Health Econ Health Policy.* 2003;2:183–90.
3. Kypri K, Voas RB, Langley JD, et al. The minimum purchase age for alcohol and traffic crash injuries among 15-19 year-olds in New Zealand. *Am J Public Health.* 2006;96:126–31. Abstract available online. URL: [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?orig\\_db=PubMed&db=PubMed&cmd=Search&defaultField=Title+Word&term=2006\[mdat\]+AND+Kypri\[author\]+AND+age](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?orig_db=PubMed&db=PubMed&cmd=Search&defaultField=Title+Word&term=2006[mdat]+AND+Kypri[author]+AND+age) Accessed May 2006.
4. Huckle T, Pledger M, Casswell S. Trends in alcohol-related harms and offences in a liberalized alcohol environment. *Addiction.* 2006;101:232–40.
5. Shults RA, Elder RW, Sleet DA, et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *Am J Prev Med.* 2001;21:66–88.

## Response

Drs Langley and Kypri are obviously disappointed that the NZMA does not support their view that New Zealand, having lowered the legal age for alcohol purchase from 20 to 18 in 1999, should raise it again to 20 in 2006.

NZMA policy is determined by the NZMA Board, on the advice of elected representatives from committees and views expressed by individual NZMA members. This issue was debated vigorously and the Board determined by consensus that as a matter of policy we do not support the raising of the legal purchase age.

Factors taken into account include the following:

- New Zealand has serious problems with alcohol misuse at all ages, including ages much younger than the current legal purchase age.
- Current advertising in New Zealand promotes alcohol to young people and associates it with heroic figures such as sportspeople.
- New Zealand regards 18 as the age of maturity for other purposes such as marriage, voting, and service in the armed forces.
- Countries with which we identify such as Australia and the UK also have 18 as their legal purchase age.
- We can find no clinical evidence (I expect readers will understand this term) that alcohol does harm to an 18-year-old that it does not do to a 20-year-old.
- There is evidence that the current law is not being enforced effectively (such as recent public health officer and police operations which revealed bars and bottle stores selling alcohol to minors without checking their identification).

Langley and Kypri quote four studies conducted in New Zealand by independent groups of researchers, using a variety of methods which, they say “*showed deleterious health effects of lowering the minimum purchase age in 1999.*” I do not doubt their sincerity or their accuracy, but I dispute the relevance of these studies. Evidence that lowering the purchase age was associated with increase in harm is not evidence that raising it again will decrease harm. Even if it were, we are aware of other evidence conflicting with their view of the effect of the reduction in the drinking age: drivers aged 15–19 accounted for 14% of fatal crashes in 1996—3 years prior to the law change and only 9.1% in 2002, 3 years after it.<sup>1</sup>

Harm reduction should be the target of any new legislation in this field, but published evidence that we can find is that where the legal purchase age has been raised from 18 to 20 reduction in harm was minimal.<sup>2–4</sup> While it is possible, even likely, that raising the legal purchase age to 20 might have some effect in preventing injury and ill-health, we have no doubt that raising it to 30, or 40, or 50 would be considerably more effective. The choice of 20 as a proposed age is entirely arbitrary.

In our view, the proposal to raise the age to 20 is not well justified, and it falls far short of dealing effectively with the problems that New Zealanders, and especially young New Zealanders, have with alcohol. For that reason we do not support it. We have called instead for a comprehensive package of measures including public education, enforcement of the existing laws, and controls on advertising.

Ross Boswell  
Chairman, NZMA

## References:

1. Ministry of Transport. Key Statistics Crash Facts: Young Drivers (2005). Wellington: Ministry of Transport; 2005. Available online. URL: <http://www.transport.govt.nz/key-statistics-crash-facts-young-drivers-2005/> Accessed May 2006.
2. Hingson RW, Scotch N, Mangione T, et al. Impact of legislation raising the legal drinking age in Massachusetts from 18 to 20. *Am J Public Health.* 1983;73:163–70.
3. Wagenaar AC. Raising the legal drinking age in Maine: impact on traffic accidents among young drivers. *Int J Addict* 1983;18:365–77.
4. Smith RA, Hingson RW, Morelock S, et al. Legislation raising the legal drinking age in Massachusetts from 18 to 20: effect on 16 and 17 year-olds. *J Stud Alcohol.* 1984;45:534–9.