



NZMA Alcohol Position Statement May 2010

Background

In New Zealand the consumption of alcohol continues to be a lawful and socially acceptable practice. NZMA acknowledges that not all patterns of alcohol use are harmful and many in our society derive pleasure from the responsible consumption of alcohol. Epidemiological studies have shown that low levels of consumption may reduce the risk of death from cardiovascular disease in older individuals.

Unfortunately in New Zealand, many people drink alcohol to excess, often not realising that the amount of alcohol or way they are drinking is in the long term likely to lead to serious health problems. Excess alcohol consumption is associated with diseases of the nervous system, heart, liver and other organs and contributes to many common medical problems, accidents of all types, family breakdowns, unemployment, violence and other alcohol-related offences.

The cost to New Zealand society of the harmful effects of alcohol has long been underestimated and poorly understood. Most ill effects are due to the consumption of hazardous, but socially acceptable, amounts of alcohol. This pattern of consumption is often considered normal and has become part of our culture. However, the effects are just as damaging to the individual, and far more damaging to society. There is widespread ignorance of the damaging effects of these socially acceptable levels of alcohol consumption.

Because of the time lag between the onset of alcohol use and abuse and the development of clinical disease, substantial opportunities exist for intervention to modify behaviour.

The NZMA has developed the following position in regard to excess alcohol consumption:

The NZMA:

1. Supports a revision of the National Alcohol Strategy 2000 – 2003 in line with the recommendations made in the Report to the Ministry of Health on the *Review of the National Alcohol Strategy*¹.

¹ *Review of the National Alcohol Strategy 2000-2003, Report to the Ministry of Health, Final Report, 12 September 2007.*

2. Supports the recommendations of the Law Commission as set out in its paper *“Alcohol in our Lives – An Issues Paper on the Reform of New Zealand’s Liquor Laws”* (July 2009)
3. Considers that should the Government decide to undertake a major revision of the alcohol laws in New Zealand, that a new Act should be drafted. In doing so the Act should be more specific in its objects and covers the following: To
 - promote public safety;
 - protect individuals, families and children from harm;
 - encourage responsible attitudes to alcohol;
 - ensure the liquor industry operates responsibly;
 - minimise crime and disorder.
4. Considers that further research needs to be done in respect of the following:
 - Standard alcohol indicators on national morbidity and mortality data;
 - Benchmarking and trend data for young people, especially in the areas of fetal alcohol syndrome, alcohol related mental health disorders, and sexual harassment; and
 - Improved collection of ethnicity data.
 - The effects and degrees of association of alcohol with prescription and non prescription products;
5. Calls for more education on the effects of alcohol. In particular we believe such education should be focused:
 - In schools;
 - On the effects of alcohol abuse on adolescents on prenatal and postnatal development; and
 - On the effects of alcohol on the unborn child during pregnancy.
6. Acknowledges that the evidence supports age as a significant factor in the problems of inappropriate and excessive alcohol consumption. The NZMA therefore supports an increase in the purchase age from the current 18 years.
7. Supports a split purchase age whereby people from the age of 18 can purchase alcohol at an on license premise but must be age 20 or over to purchase alcohol at an off license premise.
8. Supports advertising campaigns aimed at reducing excess alcohol consumption.

9. Considers that the enormous social and financial costs borne by the New Zealand society as a consequence of the hazardous consumption of alcohol demands that consumers receive a clear price signal when purchasing alcohol in any form. The NZMA therefore, calls for Government taxes to directly reflect the total volume of alcohol in the product. Such measures should encourage a shift to the consumption of products containing less alcohol per unit volume. The NZMA would oppose any tax system that does not directly reflect the volume of alcohol in the product as this creates a 'window' through which alcohol may be purchased cheaply, potentially encouraging excessive consumption.
10. Recommends that a component of existing taxation on alcohol be allocated to support research into the health effects of alcohol consumption; the evaluation and establishment of prevention and treatment programs for alcohol-related problems; and training for community and health care workers in this area.
11. Supports the principle of setting minimum prices for alcohol, subject to evidence being produced that this will reduce alcohol related harm and/or help change New Zealand's current drinking culture.
12. Calls for more resources to be put into monitoring and enforcement of the alcohol purchase age.
13. Recommends an extension to the powers of the Medical Officer of Health so that s/he can lodge an application with the Licensing Authority for variation, suspension or cancellation of a license on public health grounds, in addition to their current ability to lodge an application through the District Licensing Authority.
14. Recommends strengthening the Liquor Licensing Authority's powers and functions so it can be proactive in enforcing the law. Further, that planning and liquor licensing laws should be amended so that Licensing Authorities are required to have regard to issues affecting health, including;
 - The nature and type of licensed premise planned;
 - The availability of food with alcohol;
 - The location, in terms of the impact on amenity of an area, of sensitive facilities such as where it may have a negative impact on children, young people and their likely behaviour;
 - Any other detrimental health or social impacts likely to arise;
 - Evidence by the applicant of good host responsibility practises, including age verification policies, staff training procedures etc.

A Health Impact Assessment (HIA) is a tool that could be used to meet this requirement.

15. Calls for the Licensing Authority to have the power to suspend or cancel an on or off-license where alcohol is being promoted irresponsibly.
16. Supports the creation by Territorial Authorities of local alcohol plans to regulate the sale and supply of alcohol.
17. Calls for the law to be strengthened so that all staff involved in sales and service of liquor are required to undergo some form of approved training.
18. Calls for more vigorous enforcement of the legal obligations of liquor licence managers.
19. Calls for the performance of District Licensing Authorities around the country to be improved and standardised.
20. Is concerned that there is currently inconsistent treatment of applications for Manager's Certificates in differing localities. The NZMA calls for a review of the process and the establishment of a framework for approval of Manager's Certificates that is applied countrywide.
21. Calls for restrictions on trading hours as follows;
 - Premises with off licenses should be restricted to selling alcohol between 8am and 10pm.
 - Premises with on licenses should be restricted to selling alcohol no later than 2am but have a standing extension to serve liquor until 4am provided the premises operate a one way door system.
22. Believes that parents need to take greater responsibility for the provision of alcohol to young people. In particular the NZMA supports making it an offence for an adult to supply liquor to a young person unless it is at a private social gathering **and** the adult has the consent of that young person's parent or guardian
23. Believes that some groups of drinkers (including ethnic groupings) are particularly vulnerable to alcohol abuse and should receive targeted and appropriate consideration in terms of alcohol education and treatment.
24. Is concerned about the problem with assessment and treatment. Waiting lists for treatment continue to be a problem. It takes two to

six weeks to place people in a programme, or four to six months if residential treatment is required. The NZMA believes that services need to be tailored to meet specific needs, including cultural and spiritual needs. Research on alcohol and drug treatment confirms the importance of cultural factors in treatment for Maori, but there is a continuing shortage of people who are qualified both culturally and professionally to provide services for both Maori and Pacific people needing treatment.

25. Believes that many community based services have proven their effectiveness. Some community organisations are subsidising the public alcohol and drug services they provide from other sources. The NZMA calls for the Government to increase funding to community organisations which have the ability to provide effective care.
26. Supports the involvement of medical practitioners at all levels, as well as the involvement of industry and community-based groups, in the early detection and treatment of alcohol-related problems.
27. Is strongly committed to raising the level of professional awareness to achieve early detection and treatment of hazardous and harmful levels of alcohol consumption. It encourages all medical practitioners to participate in appropriate educational activities, both independently and in association with approved organisations. Medical practitioners should look for patterns of hazardous and harmful alcohol consumption in their patients and should provide, for those patients, appropriate information and advice on low-risk alcohol consumption or an alcohol-free lifestyle. For those patients suffering from alcohol use disorder and/or alcohol dependence, early detection, and full diagnosis are essential if treatment is to be effective.
28. Considers that the current Blood Alcohol Concentration for all drivers over the age of 20 should be reduced from 80 mg/per100mL to 50mg/ per 100mL. This follows on from reviewing evidence that shows that important driving skills are adversely affected by even small amounts of alcohol. This action would bring New Zealand into line with Australia as well as a large number of countries in Europe.
29. Believes that for those under the age of 20, learners, provisional licensees, public, commercial and dangerous goods drivers, the Blood Alcohol Concentration level should be 30 mg/per 100mL. It considers that this level is effectively a zero alcohol limit but allows for the possibility that a person may have a small amount of alcohol in their blood as a result of taking medication or some other product containing small amounts of alcohol.

30. Would support a zero alcohol level for all drivers under 20 provided measures were taken to ensure drivers who had not consumed alcohol but had small amounts of alcohol in their blood (and at a level which did not impair their ability to drive) as a result of consuming medications were not penalised by the change to the law.
31. Supports vigorous enforcement of drink-driving laws in New Zealand including random breath testing. Those found guilty of driving whilst under the influence of alcohol should be assessed and referred to a diversionary educational program.
32. Calls for alcohol ignition locks to be made part of the penalty for driving whilst under the influence of alcohol or drugs.
33. Recommends that a ban be placed on all alcohol advertising on radio or television before 10pm at night.
34. Believes that alcohol sponsorship of sporting events and teams is inappropriate.

New Zealand has a pervasive culture of dangerous drinking and it is inappropriate for our icons of sport, to be used to perpetuate this culture.

While the NZMA appreciates that some events may lose out as a result of a loss of alcohol sponsorship the NZMA considers that alcohol tax could be diverted to a community funding authority to promote and support sporting events on their merits as occurred with SmokeFree New Zealand.

The NZMA therefore calls for a ban to be placed on all alcohol sponsorship of sporting events and teams.

35. Calls for clear and transparent rules setting out parameters as to what alcohol advertisements can contain, and alcohol sponsorship can promote.
36. Supports the current regulatory environment that requires standardised labelling of all alcoholic beverages.
37. Calls for:
 - The regulation of all broadcast liquor advertising programmes to be placed with a Statutory Authority, and
 - That the Advertising Standard's Authority's current jurisdiction for liquor advertising programmes be removed.