Why is alcohol in the government’s ‘too hard basket’?

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If there was a virus that produced devastating brain damage to the children of women who were infected during pregnancy, the rational response from health authorities and the government would be to take urgent steps to reduce the possibility of women contracting the virus; not just those who know they are pregnant, but all women of reproductive age. When the Zika virus came to attention in Brazil in 2015, this is what happened.

What if it was a neurotoxin that could produce devastating brain damage to the children of women who ingested it during pregnancy and it was known that consuming it during pregnancy was not a rare event but in fact occurred in a high proportion of unsuspecting pregnant women? If we knew up to 3,000 children were being needlessly brain-damaged every year in New Zealand because of exposure to this neurotoxin you would expect action of the highest priority by health authorities and the government to reduce this human misery and economic burden, using the best scientific evidence available.

Rossen and colleagues1 in this edition of the NZMJ report this scenario. In a large representative study of pregnant women in New Zealand, they found that 71% women drank alcohol before becoming pregnant, and that 23% drank alcohol during the first trimester, when the risk of neurotoxic impacts of alcohol are highest. It is noteworthy that drinking alcohol during pregnancy was found in both European and Māori women, although not surprisingly that less fortunate and less educated women showed higher risk.

Despite multiple reports over many years of the damage that alcohol is inflicting on individuals and communities, including the critical issue of fetal alcohol spectrum disorder (FASD) risk, little real action is occurring. It is as if the New Zealand population has been brainwashed and in the grips of a mass social delusion—viewing alcohol as a harmless recreational product which enhances quality of life, and thinking if you are not regularly consuming the tonic you are clearly not part of the cool and successful social mainstream, and possibly a rather ‘iffy’ member of society.

In utero alcohol-induced brain damage is a “preventable tragedy”2 but active prevention measures by government have been sorely lacking. In 2009/2010 the most comprehensive review of the liquor laws was conducted in New Zealand out of which came a set of major recommendations for reducing alcohol-related harm.3 However, the John Key-led government of the time chose to enact a range of minor recommendations, while seeing off all of the major population-based interventions that have robust scientific evidence backing for their effectiveness in reducing alcohol-related harm.4,5 Of particular note are dismantling alcohol marketing (sponsorship and advertising beyond simple product information), increasing the retail price of alcohol through raising excise tax with the possible addition of minimum pricing per standard drink, and reducing accessibility of alcohol through limiting the numbers of liquor outlets and limiting the hours of sale. The political cleverness of the government at the time in appearing to be responding to the Law Commission’s report but actually maintaining the status quo desired by the alcohol industry has been previously documented.6

In 2015 the Inter-agency Committee on Drugs, led by the Ministry of Health, published a five-year National Drug Policy,7 which although identifying drinking in pregnancy as a problem, proposed only to
establish a plan for FASD action. An FASD Action Plan was subsequently enacted but contained none of the effective measures that would work to reduce population consumption or hazardous drinking. It is important to note that FASD is not the only adverse outcome of consuming alcohol in pregnancy, with recent estimates from a large multi-national study suggesting twice the risk of stillbirth and four times the risk of sudden unexplained death in infancy ('cot death') in drinkers compared with non-drinkers who do not smoke.

FASD is one of two important illustrations of the absence of a ‘safe’ level of alcohol consumption, and given that more than 40% of pregnancies are unplanned the challenge is how to reduce the risk of FASD from the beginning of a pregnancy when almost all of women of reproductive age drink in New Zealand. The other pertinent example is breast cancer, the leading cause of alcohol-related death for New Zealand women, for both Māori and non-Māori, where a substantial proportion of the risk is in those women who drink at a level that is generally socially acceptable and considered ‘safe’—up to two standard drinks per day. These examples underline the importance of population-based measures to reduce alcohol consumption overall and make not being a regular drinker a socially acceptable choice.

Effective population-based measures, most importantly marketing, pricing and accessibility controls, are the best ways to achieve a reduction in alcohol-related harm, with subsequent reductions in health disparities. However, these measures will also reduce the gains for those who profit from the heavy drinking culture of New Zealand, and thus the stakes are high. The normalised heavy drinking of many New Zealanders is maintained through the drowning out of health messages about issues such as alcohol-related breast cancer in women and FASD by very clever alcohol marketing that draws on the best knowledge available about human motivation and decision-making, and uses saturation as a tactic. Even more sinister is the orchestrated endeavours by the industry to discredit alcohol scientists and their deliberate attempts to confuse the public about the harms from alcohol. The large multi-national alcohol corporations have virtually unlimited financial resources to engage in these types of strategies designed to defeat commercial threats such as scientific evidence and maintain the status quo. Only the government is powerful enough to stand up for public health in the face of this “Big Business” activity.

There is a range of existing avenues for the current Jacinda Adern-led government to act to reduce the risk of FASD and other disastrous outcomes for women drinking alcohol during pregnancy, along with other alcohol-related harms. These include the Tax Working Group; the Government Policy Statement on Land Transport 2018; the Mental Health and Addiction Review; and an amendment to the Sale and Supply of Alcohol Act. Also sitting on the shelf of government is the report of the Ministerial Forum on Alcohol Advertising and Sponsorship (2014), which advocated a dismantling of alcohol sponsorship for sport. But most importantly is a government-funded blueprint for change—the Law Commission’s report on curbing the harm from alcohol, strongly supported by both the Labour Party and Green Party when in Opposition, as reflected in their alternative Select Committee Reports to Parliament.

For government to leave alcohol control in the too-hard basket, often labelled as ‘not our first priority’, suggests there is a substantial unnamed barrier to action. The health, social and economic benefits of drinking less—for the country and for individuals—are clear. Don’t we deserve to know why we can’t have them?
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Nil.

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