



## NEW ZEALAND MEDICAL ASSOCIATION

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Liquor Project Co-ordinator  
Law Commission  
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### **Alcohol in Our Lives – An Issues Paper on the Reform of New Zealand’s Liquor Laws**

The NZMA is New Zealand’s largest medical organisation and has a pan professional membership. We have around 4000 members who come from all areas of medicine including medical students, resident medical officers, general practitioners, and other specialists.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values;
- the health of New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients;
- provide support and services to members and their practices;
- publish and maintain the Code of Ethics for the profession; and
- publish the New Zealand Medical Journal.

Our comments in regard to each of the Commission’s proposals are set out below.

#### **1. The Need for a New Act**

We accept the Law Commission’s guidance on this and that a new Act should be drafted. In any new Act we would like to see a requirement that all staff involved in the sale and service of liquor are required to undergo some form of approved training.

#### **2. Objects of Act to be More Precise**

We agree that the objects of the Act should be made more specific and support the objects proposed.

## Licensing Regimes

### **3. Strengthening the Liquor Licensing Authority**

We agree with this proposal. In particular we would like to see the laws 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.

One way to achieve this would be to require applications for new premises to include a Health Impact Assessment (HIA).

Although not directly related to the strengthening of liquor licensing authorities we also support an extension to the powers of the Medical Officer of Health so that s/he can lodge an application under the Act 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.

### **4. Upgrade District Licensing Agencies**

We agree with this proposal. In particular we would like to see high and consistent standards applied by each of the District Licensing Agencies. For example we are aware that there is currently inconsistent treatment of applications for Manager's Certificates in differing localities. We would like to see that variability removed.

## **Restrictions on Retail Outlets, Days or Hours of Trading**

### **5. Restrict Trading Hours**

We support the proposal to restrict off licenses to the hours between 8am and 10pm and for on licences until 2am with a standing extension to serve liquor to 4am provided the premises operate a one way door scheme.

### **6. Restrict the Range of Liquor Products and Outlets**

Regarding the ability to restrict the number of outlets we note that earlier this year the Sale and Supply of Liquor and Liquor Enforcement Bill went before Select Committee. While the Bill was ultimately rejected, we strongly supported the proposal to establish local alcohol plans against which the District Licensing Authority could determine whether or not to grant or renew an on-license.

## **Minimum Age for Purchase of Alcohol**

### **7. Split the Purchase Age**

We acknowledge that the evidence supports age as a significant factor in the problems of inappropriate and excessive alcohol consumption and that whatever the legal age for alcohol purchase may be, the reality is that it means many young people a few years younger are also able to purchase alcohol because they are assumed to be of legal age. Accordingly we support an increase in the alcohol purchase age from the current 18 years.

We note that there is however a significant proportion of 18 year olds currently drinking alcohol in a responsible manner and who are concerned about their potential disenfranchisement. We therefore support the Law Commission's proposal of a split purchase age as a reasonable compromise.

### **8. Require Greater Parental Responsibility**

We support this proposal. There is considerable evidence now that some adults are not taking their responsibilities in regard to young people drinking seriously.

## **Pricing Policies**

### **9. Increase Excise Tax/Reduce the Tax on Low Alcohol Products**

The NZMA 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, believes that taxes should directly reflect the total volume of alcohol in the product. This in turn 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.

In addition we recommend that a component of existing taxation on alcohol should be allocated to support ongoing 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.

### **10. Introduce Minimum Pricing**

We support the principle of minimum pricing but need to see evidence that it can work in practice.

## **Marketing/Advertising Policies**

### **11. Maintain Self- Regulation Approach**

While we do not go so far as to support a total ban on alcohol advertising (although we do support a ban on all alcohol placed advertising on television and radio before 10pm at night), we are not convinced that the Advertising Standards Authority should continue to regulate alcohol advertising. For some time we have been concerned with the propensity of the liquor industry to push the existing boundaries in terms of advertising. Instead we believe that the regulation of all broadcast liquor advertising programmes should be placed with a Statutory Authority.

Further, we would like to see the development of clear and transparent rules setting out what alcohol advertisements can contain. We would further support a ban on alcohol sponsorship of sporting events.

### **12. Restrict Price Promotions**

We agree with this proposal.

## **Enforcement**

### **13. Encourage Enforcement**

We agree with this proposal. In addition to making changes to the process of enforcement however we believe that the government should give increased resourcing to this. We acknowledge that given current budget constraints such an increase may not be possible.

## **Restrictions on Public Drinking**

### **14. Alcohol and Public Places**

We support the principle of a single law but note that any such law imposed must be reasonable and practical.

## **Serving Sizes**

### **15. Introducing Standard Measures**

We support this proposal.

## **Health Sector Interventions**

### **16. Fund More Treatment**

We support this proposal. The NZMA has been concerned for some time about problems accessing assessment and treatment for people with alcohol problems. 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.

We also believe 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 believes that the Government should increase funding to community organisations which have the ability to provide effective care. We note that this policy would sit well within the government's current focus of devolution/integration of health services.

### **17. Further Research and Education Required**

Not covered in the Law Commission's paper but also extremely important in the long term battle with alcohol related problems is the need for further research to be funded. In particular we believe research needs to be done on 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;
- Improved collection of ethnicity data; and
- The effects and degrees of association of alcohol with prescription and non prescription products.

In addition we need to see greater effort put in to educating the public on the effects of alcohol. In particular we believe such education should be focused:

- In schools;
- On the effects of alcohol abuse on adolescents and on both prenatal and postnatal development; and
- On the effects of alcohol on the unborn child during pregnancy.

Specific research and education activities need to be targeted to, and appropriate for, identified vulnerable populations.

### **Drink Driving and Transport Policies**

#### **18. Reduce Legal Drink Driving Blood Alcohol Limits**

We agree with the Commission's proposal 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. Evidence shows that important driving skills are adversely affected by even small amounts of alcohol. This action would bring NZ into line with Australia as well as a large number of countries in Europe.

In regard to the proposal to move to a zero blood alcohol limit for those under the age of 20, while we would like to support this we are concerned that such a proposal will catch not only those who have consumed an alcoholic drink but also those who

have taken medications such as cough syrup etc that contain small amounts of alcohol, but who are still in a fit state to drive. Given that fact we cannot at this point support a zero BAC limit for those under 20. We advise though that if we could be given some assurance that innocent drivers would not be caught by the law change then we would support a zero BAC limit for **all** drivers under the age of 20.

**19. Ignition Locks for Drink Drivers**

We support this proposal.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Foley', written in a cursive style.

Dr Peter Foley  
**Chair**