

An historic opportunity to change New Zealand's heavy drinking culture: A public statement by the Doctors and Nurses of New Zealand

*“If alcohol were a communicable disease, a national emergency would be declared”
Dr William C Menninger (1957)*

A once in a generation “first principles” review of New Zealand’s liquor laws is currently being conducted by the Law Commission in New Zealand, headed by ex-Prime Minister, Sir Geoffrey Palmer. This is a rare and historic opportunity for legal and social change to influence New Zealand’s heavy drinking culture.

As a comparison, the struggle against tobacco and the tobacco industry is instructive as an historical precedent. Initially there was considerable reluctance by the medical and nursing professions to become embroiled in public debate about tobacco, due in part because many doctors and nurses in the 1950s smoked themselves and because we viewed ourselves primarily as practicing health professionals rather than political activists. However, it has been the sustained pressure by clinicians over the past 40 years that has brought about such landscape social changes in terms of tobacco supply, marketing and sale [Wynder 1997]. Recent research has revealed that the tactics being employed by the liquor industry to prevent effective regulation of alcohol are the same as those used by the tobacco industry [Bond et al 2009]. These tactics are primarily designed to maintain the sale of high volumes of alcohol even in the face of the enormous personal and social damage that heavy use of alcohol is causing and by emphasising individual responsibility as a key deflecting strategy.

Alcohol is our favourite recreational drug [RCP 2005] and as in other Western countries it currently enjoys a status that is fundamentally different to other recreational drugs in New Zealand. It is a highly commercialised marketable commodity that is available for sale, not infrequently at special discounted prices, 24 hours a day through highly accessible supermarkets and convenience stores virtually throughout the whole country. However, there is a downside to this free market commercialisation which is driving excessive alcohol use, and this is the enormous personal and social harm.

For too long has consuming alcohol been viewed by many as a benign activity necessary for social competence, rather than accepting that alcohol is a potentially dangerous and addictive recreational substance. Alcohol is causally related to more than 60 medical conditions [O’Hagan et al 1993; Room et al 2005]. There are over 1000 deaths each year that occur as a result of alcohol in New Zealand. About half (49%) of these are due to chronic alcohol-related diseases, especially various cancers (24%). A recent report [WCRF 2007] concludes that the evidence for alcohol as a cause of cancers of the mouth, pharynx, larynx, oesophagus, colorectum (men) and breast is “convincing” and that it is a probable cause of cancer of the liver and colorectum in women. More recently, a definite link with prostate cancer in men has been established [Fillmore et al 2009]. The other half (51%) of deaths are due to injuries. Of critical importance is the fact that these injuries are disproportionately amongst young people, which impacts on years of life lost due to alcohol, calculated to be 17,000 per year [Connor et al 2005].

Twenty-five percent is a conservative estimate of the number of New Zealand drinkers aged 16 years and over who show a sustained pattern of problematic drinking [Wells et al 2006], which means there are at least 700,000 citizens who could benefit from a therapeutic encounter. Like passive smoking, these citizens are the cause of considerable collateral alcohol damage within society, both at home as well as at large. A visit to any Emergency Department on a Thursday,

Friday or Saturday night, a stroll downtown in most cities in New Zealand after dark during weekends or a visit to a Women's Refuge or addiction clinic will astound many people. The sophisticated alcohol culture that was promised twenty years ago with the Sale of Liquor Act 1989 has turned out to be more of an endemic heavy binge drinking culture, involving young and older, men and women, Māori and Pakeha [De Bonnaire et al 2004; Wells et al 2006], and causing widespread alcohol-related health and social problems in society.

The seminal World Health Organisation sponsored publication, "Alcohol: No Ordinary Commodity" [Babor et al 2003] provides some of the best scientific evidence available about ways alcohol damage can be reduced in a society. It demonstrates that alcohol needs to be more effectively regulated under legislation in order to bring about change in the heavy drinking culture, in exactly the same way that tobacco has been slowly brought under better control. In fact, this fundamental approach has been reiterated once again in a Lancet review [Anderson et al 2009].

A "5+ Solution" based on these two reviews has been outlined by the national group Alcohol Action NZ. This provides the international evidence-based direction for the necessary reform that would reduce the widespread alcohol-related problems that currently exist in New Zealand and bring about a safer and healthier society for all.

1. *Raise alcohol prices*
 2. *Raise the purchase age*
 3. *Reduce alcohol accessibility*
 4. *Reduce marketing and advertising*
 5. *Increase drink-driving counter-measures*
- PLUS: Increase treatment opportunities for heavy drinkers.*

We, the representatives, heads and leaders of Doctors and Nurses throughout New Zealand recommend this set of policy directives as a guide to the Law Commission's review of the liquor laws.

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NB: The full set of signatories to this public statement will be found at <http://www.alcoholaction.co.nz>

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