



Te Ao Māramatanga
New Zealand College of Mental Health Nurses (Inc.)
Partnership, Voice, Excellence in Mental Health Nursing

14.2.2011

The Select Committee
Alcohol Reform Bill
Private Bag 18888
Parliament Buildings
Wellington 6160

Dear MPs

Alcohol Reform Bill

Thank you for this opportunity to contribute to the Select Committee, addressing the new alcohol law reform bill.

We would also like to make an oral submission.

Te Ao Māramatanga the College of Mental Health Nurses is the professional body for mental health nursing in Aotearoa New Zealand.

The College is concerned about the harms to New Zealanders that are caused by the excessive use of alcohol. Twenty-five percent of New Zealanders are heavy drinkers and more than a 1000 deaths result from alcohol per year.

Of particular concern to the College is that amongst the numerous health consequences associated with excessive alcohol use such use is associated with cognitive impairment, half of the murders, rapes and assaults committed and 25% of suicides. Six hundred babies are born each year with Foetal Alcohol Spectrum Disorder (FASD). For youth, suicide and driving accidents which are the most common causes of death are too often associated with alcohol.

The impact of co-existing mental health and alcohol related issues, frequently in conjunction with physical health problems, contributes to significant disability amongst New Zealanders thereby adding to the overall burden of disease. In this respect, the WHO policy group in its report “Alcohol – no ordinary commodity” stated that alcohol related deaths accounted for 4% of the disease burden worldwide and caused as much morbidity as tobacco. They encouraged all governments to take

action to reduce the harm from alcohol use by primarily endeavouring to take measures to reduce intake as the amount of alcohol drunk is the factor most directly linked to harm.

We need to stop the tide of harms washing over our communities from the excessive use of alcohol. We are convinced, based on the evidence and our day to day experience as mental health nurses, of the need to urgently address this issue via a comprehensive and broad approach that involves much more than the just the targeting of individuals. The current Bill requires strengthening both in its breadth and scope. Of particular note there is no commitment to raising the price of alcohol, significantly reducing the ever-present accessibility and advertising of alcohol, or putting an end to legal drunk driving.

We strongly advocate strengthening the Government's response to the Law Commission's review which outlined how change in legislation is a powerful strategy in preventing the harms of excessive alcohol use. More specifically, if the Government is serious about saving lives and promoting a healthy and productive future for our communities we recommend that the current Bill be strengthened by:

1. **Restricting alcohol availability**, including removing alcohol from supermarkets ("alcohol is *no* ordinary commodity")
2. **Instituting a minimum price** for a standard drink
3. **Decreasing the adult blood alcohol level** to at least 0.05 (put an end to legal drunk driving)
4. **Stopping alcohol advertising and sponsorship** except for objective printed product information
5. **Increasing treatment opportunities** for heavy drinkers that include: 1) a focus on brief and early intervention services across a wide range of health, education, social care and justice services and, 2) improved treatment for people with addiction that is linked to a blueprint for addiction service delivery.

Yours sincerely



Daryle Deering PhD RN
President

References

Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, Grube J, Gruenewald P, Hill L, Holder H, Homel R, Osterberg E, Rehm J, Room R, Rossow I. *Alcohol: No Ordinary Commodity. Research and Public Policy. 2nd Edition.* Oxford Medical Publications, Oxford University Press, Oxford, 2010.

Bond L, Daube M, Chikritzhs T. Access to confidential alcohol industry documents: From 'Big Tobacco' to 'Big Booze'. *Australasian Medical Journal* 2009; 1(3): 1-26.

Connor J, Casswell S. The burden of road trauma due to other people's drinking. *Accident Analysis and Prevention* 2009;41:1099-1103.

Connor J, You R, Casswell S. Alcohol-related harm to others: A survey of physical and sexual assault in New Zealand *New Zealand Medical Journal* 2009;122(1303).
<http://www.nzma.org.nz/journal/122-1303/3793>

Connor J, Broad J, Rehm J, et al. The burden of death, disease and disability due to alcohol in New Zealand. *New Zealand Medical Journal* 2005;118(1213).
<http://www.nzma.org.nz/journal/118-1213/1412/>

Marsden Jacob Associates. *The Benefits, Costs and Taxation of Alcohol: Towards an Analytical Framework* (Report prepared for the New Zealand Law Commission). Marsden Jacob Associates, 2009.

Ministry of Health (MOH). *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use.* Ministry of Health, Wellington, 2007.

New Zealand Law Commission (NZLC). *Alcohol in our Lives: Curbing the Harm.* (Law Commission report; no. 114). Wellington, New Zealand, April 2010.

Sellman D, Robinson GM, Beasley R. Should ethanol be scheduled as a drug of high risk to public health? *Journal of Psychopharmacology* 2009;23:94-100.

Stevenson R. *National Alcohol Assessment, New Zealand Police, April 2009*
<http://www.police.govt.nz/resources/2009/Police-National-Alcohol-Assessment.pdf>

Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 2009; 104: 179-190.

Wells JE, Baxter J, Schaaf D. *Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey. Final Report.* Alcohol Advisory Council of New Zealand, 23 November 2006.