

DRINKING IN NEW ZEALAND: QUESTIONS AND ANSWERS

Q: Are New Zealanders drinking more alcohol?

A: In 2008 the amount of pure alcohol available for consumption was 9.5 litres for every New Zealander over 15 years of age. This is the highest it has been since 1994. Per capita consumption has increased 9% over the last 10 years. Forty-four per cent of alcohol is consumed in heavier drinking occasions and 29% of adult drinkers can be classified as binge drinkers.ⁱ

Q: Is there a problem with youth drinking in New Zealand?

A: The majority (72%) of secondary school students have tried alcohol, 61% are regular drinkers and 24% are classified as binge drinkers.ⁱⁱ Youth drink less frequently than adults, but when they do drink they consume higher volumes. Youth begin drinking early – a survey of 2549 undergraduate students found that the mean age of the first drink was 14.5 years.ⁱⁱⁱ

Q: How does the lower purchase age for alcohol encourage young people to drink?

A: In the first 12 months after the lowering of the purchase age there was a 50% increase in 18-19 year olds Emergency Department admissions with intoxication.^{iv} Significantly more alcohol-related traffic crashes involving 15-19 year olds has occurred.^{v, vi, vii}

The more liberalised alcohol licensing laws, and the lowered purchase age for alcohol from 20 to 18 years has meant young people have had easier access to alcohol. It has been difficult to effectively measure the health and social impacts of lowering the minimum purchase age for alcohol in New Zealand. Some statistics have shown different trends^{viii} but also suggest that lowering the purchase age has been accompanied by more frequent drinking and larger amounts of alcohol being consumed by young drinkers.^{ix} There is also considerable anecdotal evidence from those who work in close contact with young people of increased levels of drinking since the purchase age was lowered.

The New Zealand Law Commission says evidence for increasing the purchase age seems to be strong, and a legal purchase age is recognised internationally as being a highly effective and inexpensive supply control mechanism.^x

Q: How is alcohol advertising harmful?

A: Advertising alcohol is at odds with public welfare and with society's attitude to other drugs. Internationally, it is becoming widely recognised that governments need to address the issue of marketing alcohol. Alcohol advertising is noticed by children while their attitudes towards the use of alcohol are developing^{xi} and evidence suggests this encourages early drinking. The acceptance of alcohol advertising helps to create a general tolerance of alcohol from society. This means government policies, such as raising the minimum purchase age, or a lowered blood alcohol concentration for driving, may be less likely to be accepted.^{xii}

Q: Is alcohol sponsorship a problem in New Zealand?

A: Sponsorship by the alcohol industry has become common in key areas of popular culture including sport, music, film, fashion, television. Increasingly, it is

targeted to a particular market - for example the young, predominantly male audience at sports events. Advertisers can cash in on the prestige, fun or glamour of the event/programme/role model.

In New Zealand, sports clubs, teams and events often rely on financial support from breweries. Another deeply concerning trend is the growing involvement of the alcohol industry in schools and tertiary education settings.

Q: Are New Zealanders binge drinking?

A: A significant number of New Zealanders are binge drinking – although many of us think we are not! Six or more standard drinks is classified as binge drinking, but many people think binge drinking means having more than 14 standard drinks.^{xiii} The Ministry of Health estimates 25 percent of New Zealand drinkers aged between 12-65 years are heavy drinkers, consuming large amounts of alcohol on a typical drinking occasion.^{xiv} Other estimates have put the number of Kiwis binge drinking at over 50 percent.^{xv}

Q: Are Kiwis still drink driving?

A: We're drinking and driving a lot less than we used to. This is because, since 1996, there have been increased compulsory breath testing and other enforcement measures, harsher penalties, advertising, and an increase in community road safety programmes, focusing on alcohol. But we can still do more. In order to reduce drink-driving crashes, new drink-drive interventions are necessary.

Since the present blood alcohol concentration of 80mg alcohol/100ml blood was established in New Zealand in 1978, research has shown that important driving skills including vision, steering, and braking are adversely affected by even small amounts of alcohol. At New Zealand's current legal blood alcohol limit drivers are still three times more likely to have a crash than before drinking.^{xvi}

Q: Isn't drinking an individual responsibility?

This claim overlooks important factors about alcohol itself and the environment in which it is consumed, both of which can have a strong influence on individual decision-making.

Firstly, alcohol is an addictive substance. Addiction and dependency seriously impair the ability to make rational decisions. Secondly, millions of dollars are spent on alcohol marketing. The messages are clever and subtle, come via a variety of media and draw on the best marketing science available. They exploit human needs, particularly those of young people. These include the need to be part of the 'in crowd', and the need to feel grown up. These messages promote a culture of drinking and reinforce social messages to which youth are especially vulnerable.

Harmful alcohol use is rarely an individual problem. Commonly, it impacts on family, friends, neighbours, work colleagues, and ultimately society as a whole. Alcohol is a contributory factor in a wide range of social problems including crime, violence, family breakdown, child abuse and child neglect. Focusing on individual responsibility for a problem with far-reaching consequences across society is shortsighted and ignores the obligations governments have to protect the most vulnerable.

Q. Is it fair to penalise the whole of society because some people don't know how to drink responsibly?

Alcohol harms are not confined to the heaviest drinkers amongst us but are much more widespread. Research from Finland found that the majority of problems were found in 90 percent of the population consuming moderately, compared to the 10 percent of the population drinking heavily.

Overwhelming evidence demonstrates that efforts to reduce the burden of harm from alcohol need to reach the majority of drinkers and not just the high-risk groups.

Q. Do price rises affect heavy drinkers?

Research indicates that price increases and a set minimum price have a greater effect on heavy rather than light to moderate drinkers.

At-risk groups such as youth and heavy drinkers are particularly sensitive when it comes to pricing. Recent research from Scotland found that overall consumption decreased following a tax increase and that heavy drinkers cut down the most. There is also good evidence to show that increased alcohol prices delay the start of drinking, slow young people's progression towards drinking large amounts, and reduce the volume of alcohol consumed per occasion.

The relationship between alcohol price and consumption has been extensively evaluated and forms the basis for the World Health Organization's recommendation that raising price (along with restricting availability) is among the most effective measures to decrease harms from alcohol.

Q. Wouldn't it be best to work with the liquor industry in making any significant changes to New Zealand's drinking laws?

There is no commonality of interest between public health and the alcohol industry, especially considering that the majority of alcohol consumed in New Zealand is done so in the context of excessive or harmful drinking. It is naïve to believe the industry would voluntarily support measures to reduce overall consumption when this would clearly undermine profits.

At the very heart of the matter is a fundamental conflict of interests between public health and pursuit of profits. Recognising this, a World Health Organization Expert Committee has recommended that the global public health body continue its practice of no collaboration with the alcohol industry. It is recommended that governments take a similar stance when it comes to formulating policy.

Engaging in a dialogue with industry on specific ways to reduce harm, however, is a different matter. It is reasonable (and necessary) to engage industry when it comes to matters such as working to provide safer drinking environments.

Q. Will legislation change the drinking culture?

Legislation has a crucial role to play in influencing the drinking environment, which is currently oriented towards ease of access and excess. Important

parallels can be drawn from the success of smokefree legislation in promoting a significant culture change in our society.

ⁱ Law Commission. 2009. Alcohol in our lives: An issues paper on the reform of New Zealand's liquor laws. Issues Paper 15.

ⁱⁱ Adolescent Health Research Group. 2008. *Youth '07: The health and wellbeing of secondary school students in New Zealand: Initial findings*. The University of Auckland

ⁱⁱⁱ Kypri K et al. 2009. *Drinking and alcohol-related harm among New Zealand university students: findings from a national web-based survey*. Alcohol clin exp Res. 33, 1-8.

^{iv} Everitt R, Jones P. 2002. *Changing the minimum legal drinking age: Its effect on a central city emergency department*. New Zealand Medical Journal, 115, 9-12.

^v Guria J et al. 2003. *Alcohol in New Zealand road trauma*. Appl Health Econ Policy, 2, 183-190

^{vi} Kypri K et al. 2006. *Traffic crash injuries among 15-19 year-olds and minimum purchasing age for alcohol in New Zealand*. Amer J Pub Health 96, 126-131.

^{vii} Huckle T et al 2006. *Trends in alcohol-related harms and offences in a liberalised alcohol environment*. Addiction 101, 232-240.

^{viii} Lash B. 2002. *Young People and Alcohol. Some statistics on possible effects of lowering the drinking age*. Research and Evaluation Unit, Ministry of Justice. Wellington: New Zealand.

^{ix} Habgood R, Casswell S, Pledger M, Bhatta K. 2001. *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*. Auckland: University of Auckland, Alcohol and Public Health Research Unit.

^x New Zealand Law Commission. 2009. Alcohol in our lives: an issues paper on the reform of New Zealand's liquor laws. Wellington: NZ Law Commission.

^{xi} Wyllie A, Casswell, S. Stewart, J. 1989. *The response of New Zealand Boys to Corporate and Sponsorship Advertising on Television*. British Journal of Addiction, 84:639-646. in *Alcohol Advertising in the Broadcast Media*, Information Kit 1998. Auckland: Alcohol & Public Health Research Unit, University of Auckland.

^{xii} World Health Organization 1994. *Alcohol Policy and the Public Good* Chap. 8 Giving Information About Alcohol: effects on drinking and on the social climate. New York: Oxford University Press.

^{xiii} BRC Marketing and Social Research. 2004. *The Way We Drink: A Profile of Drinking Culture in New Zealand*. Wellington: Alcohol Advisory Council of New Zealand.

^{xiv} Ministry of Health. 2007. *Alcohol use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours Survey – Alcohol Use*. Wellington: Ministry of Health.

^{xv} BRC Marketing and Social Research. 2004. *The Way we drink: A Profile of Drinking Culture in New Zealand*. Wellington: Alcohol Advisory Council of New Zealand.

^{xvi} Land Transport Safety Authority. Road User Safety: Motorists. Retrieved 23/09/09. <http://www.ltsa.govt.nz/road-user-safety/motorists/drink.html>