



New Zealand Nurses Organisation

Submission to the Social Services Select Committee On the

Sale and Supply of Liquor and Liquor Enforcement Bill

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) thanks you for the opportunity to comment on the Sale and Supply of Liquor and Liquor Enforcement Bill.
2. Nurses, who see the destructive effects of the misuse of alcohol, strongly support alcohol regulation which will protect children and young people, for whom it is most strongly contra-indicated.
3. This bill goes a small way to achieving that and therefore the New Zealand Nurses Organisation **supports** the Bill, particularly Parts Two and Three.
4. However, Part One of the bill provides scant and delayed protection for children – too little, too late. The outcomes of expensive and time-consuming community consultation are unpredictable and potentially inequitable; restricting liquor outlets on the basis of size has no rational basis and may prove to be as unworkable as similar restrictions introduced to reduce tobacco consumption; and the absence of complementary measures for education and restricting marketing and sponsorship, guarantees its effect will be minimal.
5. What is missing is a principled basis from which to make sound, evidence-based policy which sends a crystal clear and unambiguous message to parents, children, retailers and suppliers that:
 - The choice to consume alcohol is for adults only;
 - Alcohol is not a food and will not be sold as a grocery item; and
 - Anyone selling or supplying alcohol to young people will be prosecuted (rather than the young people themselves) because it is a serious

assault to their physical and mental wellbeing, and a threat to social security.

6. NZNO believes that if the government is serious about addressing problems associated with drinking and especially those concerned with youth, it will show leadership on this issue.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

7. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 42 000 nurses and health workers on a range of employment related and professional issues across the public, private and community sectors.
8. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.
9. The majority of our members are registered, enrolled and student nurses, and midwives with kaimahi hauora, health care workers and allied health professionals making up a significant minority.
10. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public and primary health care for all New Zealanders.

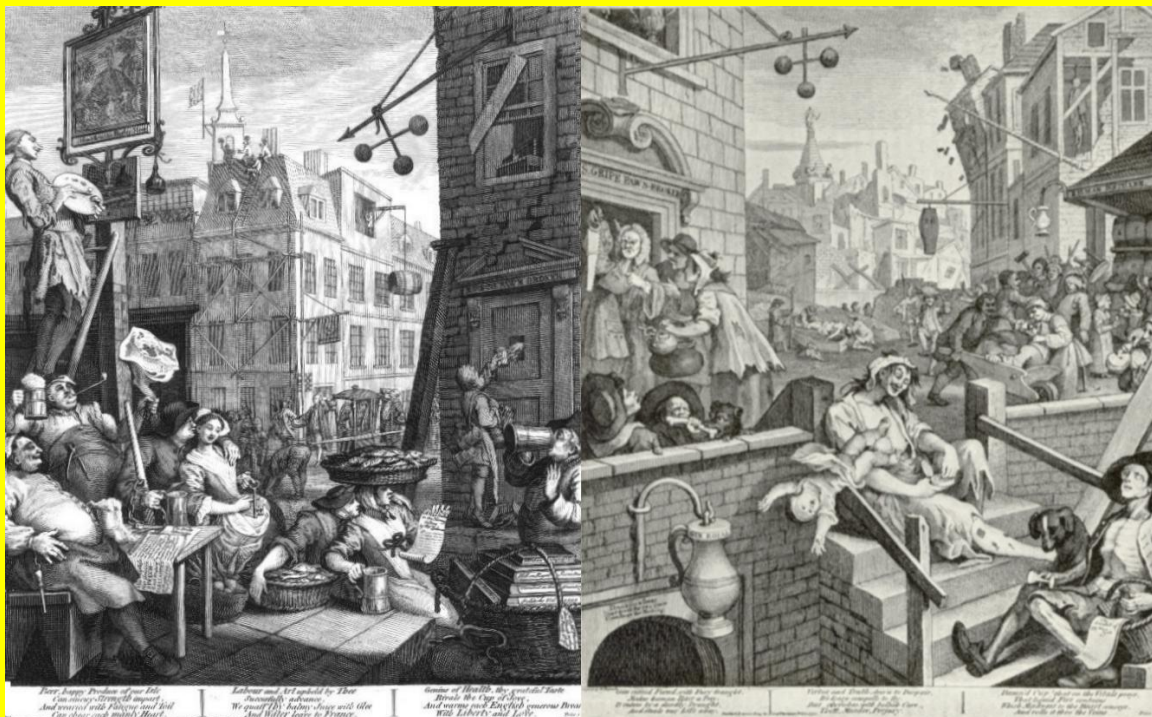
CONSULTATION

11. NZNO has consulted its staff and members in the preparation of this submission. In particular, we have consulted with our Professional Nursing Advisors, Legal Advisors, Policy Analysts, Te Runanga, and all specialist colleges and sections.
12. There is widespread concern amongst nurses about the enormous social and financial costs and diversion of health services from the sick because of the

misuse of alcohol. Youth drinking, injury and the exacerbation of chronic diseases such as obesity, diabetes and cardiovascular conditions are particular causes of concern.

DISCUSSION

13. Nurses deal directly with the effects of alcohol abuse. Lead maternity carers care for pregnant women who drink, poisoning their babies with alcohol; Plunket and school nurses see the developmental and health issues of children suffering from the effects foetal alcohol syndrome; mental health and prison nurses cope with alcohol-induced violent, antisocial behaviour; family planning nurses deal with unwanted pregnancies and sexually transmitted diseases resulting from a 'night on the town'; emergency nurses are forced to reprioritise sick people when victims of drunk driving, or alcohol poisoning are admitted; and district and primary health care nurses, including Māori and Pacific nurses, recognise the pervasive negative effects of alcohol on families and wider communities.
14. Their everyday workplace experiences are frighteningly reminiscent of Hogarth's grim portrayal of Gin Lane (below) two and a half centuries ago, when social disruption due to the widespread availability of cheap gin prompted regulation via the Sale of Liquor Act 1750. One might argue that at present we are at the same crossroads.



"The accessibility to alcohol has reached epidemic proportions. There are thousands of dollars being spent on the effects of alcohol and the health issues associated with it. I...see many clients who have had convictions for driving while intoxicated. Many of these people have a problem quitting unless they go into rehab and do a programme... The trading hours are also an issue as alcohol can be purchased any time and in any quantity by young people – it is "real easy" to get. I recall the issue around putting labels on alcohol to warn pregnant women about the dangers of drinking. I believe there should be a warning about the harmful effects of alcohol on our society and the serious nature of offences being committed while under the influence." NZNO member, 2009.

15. The harmful effects of alcohol, the most easily accessed and widely abused legal drug, are well recognised, researched and documented¹. But it is unlikely that adult New Zealanders will want to restrict their access to it or limit the places in which it can be consumed.

¹ See for instance Ministry of Health. 2008. A Portrait of health : key results of the 2006/07 New Zealand health Survey, Wellington.'

T. C. Clark et al. 2008. Te Ara Whakapiki Taitamariki Youth'07 The health and Wellbeing of Secondary Schools students in New Zealand, University of Auckland

16. Emphasis has been placed on mitigating the harmful effects of alcohol by restricting alcohol consumption when driving and changing the way we drink with such campaigns as “It’s not the drinking, it’s how we’re drinking”.
17. And, in spite of the overwhelming evidence that the harmful effects of alcohol are more severe, longer lasting and disproportionately borne by the young, with the propensity for alcohol-related disorders increasing inversely with decreasing age, problems associated with youth drinking are being addressed in the same way: lower blood alcohol levels for driving and the promotion of “socially responsible” attitudes to drinking.
18. Countries with supposedly sophisticated, mature attitudes to drinking such as France, where drinking is introduced at an early age in family situations are often invoked as role models for the latter. Thus, judging from the readiness with which parents supply their children with alcohol, there is popular acceptance of the notion that introducing children to alcohol at a young age will somehow engender that socially responsible attitude to drinking.
19. Unfortunately, the facts are rather different. In France, high rates of liver cirrhosis are in direct proportion to their higher rate of alcohol consumption (sixth in the world), cancer and heart disease are still major killers, alcohol is implicated in nearly half of road accident fatalities and homicides, and alcohol abuse is cited as the major cause of premature death, including suicide, in men. Binge drinking and the huge increase in alcohol consumption amongst the young (16 year olds have increased their alcohol consumption six fold since 1996) is just as much a problem in France as it is Aotearoa (Abraham, 2000²).
20. And the evidence regarding underage drinking is absolutely unequivocal: the earlier that alcohol is introduced, the more dangerous it is. Alcohol impairs the development of brain and other key physical systems in the developing child

² http://www.marininstitute.org/alcohol_policy/french_drinking.htm

and it vastly predisposes young people to alcohol disorders (50% higher for those who start drinking before the age of 15 compared with those who start when 18 or older) which are associated with antisocial, criminal and violent behaviours (Goldstein et al, 2008³).

21. To ignore the evidence is to risk ever-increasing social tragedy.
22. Adults, especially if their faculties have not been impaired by the early introduction of alcohol, have the ability to exercise choice. Children, because of their physical and mental immaturity, do not. It is our responsibility to protect them with laws that prevent the sale and supply of liquor to minors.

Part One: Amendments to the Sale of Liquor Act 1989

23. Although NZNO strongly supports the consultation and community self-determination measures the bill incorporates, there are formidable time, resourcing and equity issues. While well informed, homogenous and empowered communities may be able to sustain input into liquor licensing decisions, other communities with fewer resources and transitory populations may not be able to deliver consistently. Those with fewest resources and arguably at most risk, are the least likely to be able to participate. History suggests that there is potential for poorer, more diverse or disparate communities to bear the greatest risk in terms of the number and management of liquor outlets.
24. Good outcomes are dependent on *informed* decision making, but the bill does not provide for factual education or place restrictions on advertising, marketing or sponsorship of alcohol, which puts alcohol suppliers very much in control.

³ R se B. Goldstein et al. Age at First Drink and the First Incidence of Adult-Onset DSM-IV Alcohol Use Disorders. *Alcoholism: Clinical & Experimental Research*, Dec 2008

25. Parents do not have advertising budgets. They are virtually powerless to control what images/concepts are presented to their children; the tiny amount of local autonomy this bill confers is insignificant in the face of the onslaught of mass media marketing. New Zealand research shows that alcohol advertising undermines alcohol education messages and that children under 18 are exposed to it as much as those over 18 (Huckle and Huakau, 2007⁴).
26. Similarly scientists, researchers, health and education professionals, economists and government policy makers do not have the resources or mandate to publicise their findings. Without a mechanism to redress this power imbalance, the quality and accuracy of the information used to inform the creation, implementation and effectiveness of Local Alcohol Plans is limited.
27. We draw your attention to the Public Health Advisory Committee *A Guide to Health Impact Assessment: A policy tool for New Zealand* and the *Whānau Ora Health Impact Assessment Tool*, both available from the Ministry of Health. They provide a robust methodology and a practical way of predicting potential health impacts based on evidence which would be a useful basis for the desirable social impact reporting on alcohol the bill introduces.
28. NZNO questions the validity, and practicality, of limiting stores selling alcohol on the basis of size! Shops are distinguished by the products they sell. Supermarkets and corner stores sell groceries and household supplies. Liquor is neither. It is a mind and body altering substance implicated in a range of health and social dysfunctions and it should *never* be confused with an essential everyday food. The decision to buy liquor should entail visiting a specialist store as with the purchase of paint, pharmaceuticals, hardware, furnishings, sports gear, and clothing. Adult convenience should not be put above the protection and education of children.

⁴ T. Huckle and J. Huakau. 2007 Exposure and Response of Young People to Marketing of Alcohol in NZ, SHORE and Te Ropu Whariki, Massey university, Auckland. et al. 2008.

29. Many supermarkets have reconfigured their layouts to give prominence to the liquor section, often, as with Newtown New World, actually making it the point of entry. The subliminal suggestion to children is perfectly clear: supermarkets are where you go to buy food, the most important food is alcohol. Supermarket chains have also been accused of pricing liquor below cost to entice potential customers. Anecdotal evidence would suggest that in some families preference is given to buying alcohol rather than food.
30. On the other hand, in rural communities where there are no large outlets, it surely makes more sense to be able to purchase liquor locally, rather than drive to a liquor barn or supermarket elsewhere.
31. NZNO does not believe that floor size is a sound basis on which to restrict the sale of liquor.
32. NZNO also urges the committee to expedite warning labels, particularly for pregnant women, on bottles of alcohol as foreshadowed by the Food Standards Australia and New Zealand Safety (FSANZ) last year. We draw your attention to our submission to FSANZ on *Application A576 - Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label* in February, 2008.
33. Member feedback on the efficacy of warning labels on tobacco products suggests to us that this would be a useful educative tool.
34. On that same note, we take this opportunity to remark on the extraordinary effectiveness that banning advertising and sponsorship of tobacco products has had on smoking and therefore on incidence of lung cancer, emphysema, cardiovascular disease etc. and urge that the bill incorporate the same measures for alcohol.

35. At the very least we would urge banning television advertising of liquor which, through experience with other public health campaigns such as immunization, we believe to be highly effective.
36. NZNO supports changes to Section 155 and 164 requiring evidence of age to be sighted and removing the 'belief on reasonable grounds' as a defence.
37. We agree with the replacement of section 172 to make it an offence to present false identification, and suggest that it is amended to add the words "or accept" false evidence. We do not believe the onus should be entirely on the young people who routinely challenge authority; there is a duty for those tasked with scrutinizing IDs to ensure they are legitimate as far as possible.
38. We commend the introduction of section 164A, referring at risk young people to approved early intervention alcohol programme and trust that every effort is made to ensure these are available.
39. We support giving the police the ability to protect public safety in the event of incipient or actual rioting or disorder as per amendments to sections 173 and 174.

Part Two: Amendments to the Summary Offences Act 1981

40. NZNO supports the amendment to section 2(1) aligning definitions in the Summary Offences and Sale of Liquor Acts .
41. Section 37A: We strongly support making it an offence for an adult to supply liquor to a minor without the consent of the parent or guardian but do **not** support allowing a defence of believing consent had been provided.

Part Three: Key Amendments to the Land Transport Act 1998

42. NZNO supports a zero blood alcohol level amongst any driver without a full driver's license. We note that most accidents occur within the first 120 or so hours of driving and are not necessarily related to age.

CONCLUSION

43. The misuse of alcohol is responsible for a huge range of social ills and a significant proportion of the health budget is spent addressing problems it causes or exacerbates.

44. There is overwhelming evidence that the harmful effects of alcohol are more severe, longer lasting and disproportionately borne by the young, with the propensity for alcohol-related disorders increasing inversely with decreasing age.

45. Evidence from a wide range of sources, including numerous government, tertiary and health professional research papers, reports and strategies, indicate that in Aotearoa New Zealand, alcohol-related harm is increasing not decreasing.

46. While the causes are complex on an individual level – family circumstances, commercial interests, opportunity, education, peer pressure, stress etc., overall it is clear that delaying the onset of drinking until adulthood would mitigate a huge part of the risk.

47. Adult New Zealanders should be able to choose to drink and they should also be educated and supported and given the tools to ensure that young people do not.

48. NZNO believes that regulation of the sale and supply of alcohol should primarily be aimed at protecting the young.

49. NZNO **supports** the bill but is not sanguine that it addresses the problems of alcohol misuse, gives sufficient protection to young people or guidance to the adults charged with their care. We recommend that you:

- **Agree** that the choice to consume alcohol should be restricted to adults.
- **Agree** that liquor is not a food and should not be sold as a grocery item;
- **Note** we do not think floor size is a meaningful way of distinguishing retail outlets for liquor.
- **Agree** that education programmes and restrictions of advertising and sponsorship are needed to ensure effective community participation which we support;
- **Note** our concern that community input is likely to be variable and will be difficult to sustain;
- **Note** the Ministry of Health *Health Impact Assessment* tools which could assist social impact reporting;
- **Note** our support of changes to Section 155 and 164 regarding false identification and our support for 164A for referral to an early intervention alcohol programme;
- **Amend** section 172 by adding the words “or accept” to make it an offence to accept overtly false evidence;
- **Note** our support for Sections 173 and 174 regarding Police ability to protect public safety;
- **Note** our support for Section 2(1)
- **Amend** Section 37A to remove the defence of believing consent had been provided in the event of alcohol being supplied to a minor;
- **Note** our support of amendments of sections 11 and 57 of the Land Transport Act 1998 but extend coverage to all restricted licence holders.

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