

Land Transport Amendment Bill

Submission to Transport and Industrial Relations Committee

Date: 14 February 2014

Contact

POLICY ANALYST, MARILYN HEAD, BA, DIP TCHG, MSC

DDI 04 499 9533 OR 0800 283 848 | E-MAIL MARILYNH@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

About the New Zealand Nurses Organisation

The New Zealand Nurses Organisation is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Rūnanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

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 health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Land Transport Amendment Bill.
2. NZNO has consulted its members and staff in the preparation of this submission, including Te Rūnanga, Regional Council and Board members and members of our specialist Colleges and Sections, and professional nursing, policy, and research advisers.
3. NZNO has a well established position on addressing alcohol harm and believes this bill goes a small way in that direction (New Zealand Nurses Organisation, 2011)
4. Accordingly NZNO **supports** the Land Transport Amendment Bill and **recommends** that further consideration is given to:
 - increased use of alcohol screening, early intervention and referral to treatment for those caught drinking and driving;
 - an hypothecated tax on alcohol and direction of infringement fees collected towards education, screening, treatment, and rehabilitation; and

- a ban on alcohol advertising.

5. NZNO does not wish to appear before the Committee.

DISCUSSION

6. Nurses are well aware of the adverse consequences of drink driving, and, on the basis of evidence, have long and consistently advocated lowering the legal limits for alcohol, restricting the sale and advertising of alcohol, increasing penalties for breaches, and ensuring that the cost of alcohol harm is more fairly met by alcohol profits.
7. NZNO has assiduously kept parliament and government agencies well informed about the harm, inequity, injustice and inadequate legislation and regulation of alcohol which continues to be the biggest single factor driving up (preventable) health costs and disparities. We refer the Committee to NZNO's numerous public submissions and the engagement of members and advisory staff in a wide range of activities aimed at understanding, measuring and reducing alcohol harm.
8. NZNO welcomed the Law Commission's comprehensive Report Alcohol In Our Lives: Curbing the Harm and was disappointed by the weak response to the recommendations. NZNO is part of the Alcohol Action campaign and is signatory to the Public Statement by the Doctors and Nurses of New Zealand on the historic opportunity to change New Zealand's heavy drinking culture.
9. NZNO also advocates the need for coordinated public education about the harmful effects of alcohol on health, stronger mechanisms for facilitating community input and control, sufficient resourcing for early interventions, including clinical interventions to treat alcohol addiction, as well as justice interventions for criminal offending.
10. It may interest the Committee to know that one of the positive outcomes for lowering the penalty threshold for reporting a criminal offence to Nursing Council of New Zealand from two years to three months, is that it has enabled a more timely response to drink driving and has been useful in identifying problem behaviours and sending a strong message about what is and is not acceptable behaviour.
11. NZNO also acknowledges the successful drink/driving campaigns ('ghost chips', for example) by the recently established Health Promotion Agency, but is disappointed that its ability to fulfil a wider remit of consistent integrated messages around healthy choices appears limited (Kirk, 2014).
12. NZNO strongly supports the inclusion of key elements considered as part of the Safer Journeys 2010-2020 strategy which were ignored in

the earlier Land Transport (Road Safety and other matters) Amendment Bill, 2010, namely:

- lowering the legal alcohol limits for drivers aged 20 and above from 0.08mg to 0.05mg of alcohol per 100 ml of blood and from 400 mcg to 250 mcg of alcohol per litre of breath;
- introducing an infringement offence for driving with blood alcohol levels between 51 and 80mg per 100ml of blood or 251-400mcg per litre of breath; and
- introducing a \$200 infringement fine and 50 demerit points for those people who drink and drive under the new infringement offence range and a \$500 infringement fine and 50 demerit points if blood test was taken after the person failed or refused to undergo an evidential breath test.

13. NZNO also supports the retention of existing penalties for those over 80 milligrams of alcohol per 100ml of blood (0.08) and 400mcg of alcohol per litre of breath, and allowing an enforcement officer to immobilise a vehicle or forbid a person to drive if it appears to the enforcement officer that the result of an evidential breath test is positive (currently this can be done only if the person's breath exceeds 400 mcg of alcohol per litre of breath).

Resourcing

14. NZNO recognises that funding and workforce limitations are a key factor preventing appropriate police monitoring and clinical referral and treatment.
15. We recommend the introduction of an hypothecated tax on alcohol to address this resourcing shortfall.
16. We draw your attention to the largest and most rigorous evaluation of 150 preventive strategies for non-communicable diseases identified a 30 percent tax on alcohol and a ban on alcohol advertising as the two most cost-effective interventions (T.Vos, 2010).
17. The report states: "The vast majority of the health gain is achieved by the 20percent tax on alcohol. The 30% tax which could achieve 21 percent of the population health improvements that would be achieved if all drinkers reduced their daily alcohol consumption to fewer than four standard drinks for men and two standard drinks for women."

CONCLUSION

18. In conclusion NZNO **supports** the Land Transport Amendment Bill and **recommends** that the Committee also consider increased use of alcohol screening, early intervention and referral to treatment for those caught drinking and driving.

19. We believe infringement fees should be directed towards education, screening, treatment, and rehabilitation purposes.
20. We support an hypothecated tax on alcohol and a ban on alcohol advertising.

Marilyn Head
Senior Policy Analyst

REFERENCES

Kirk, S. (2014). Health agency hamstrung on legal high advice. *Fairfax News*. Retrieved February 4, 2014, from <http://www.stuff.co.nz/national/politics/9663491/Health-agency-hamstrung-on-legal-high-advice>

New Zealand Nurses Organisation. (2011). *NZNO Manifesto 2011*. Wellington: NZNO.

T.Vos, e. a. (2010). *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report*. Melbourne: University of Queensland, Brisbane and Deacon Universities.

BIBLIOGRAPHY

Babor et al. (2010). *Alcohol No Ordinary Commodity*. Research and Public Policy Oxford Uni Press U.K. Restricting availability of alcohol is an effective way to reduce alcohol related violent crime.

BERL Economics. (2009). *Costs of Harmful Alcohol and Other Drug Use*. Ministry of Health and ACC: Wellington

Donnelley J. (2008) *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach* The Scottish Government, Edinburgh

NZNO. (2009). *Submission to the Social Services Select Committee on the Sale and Supply of Liquor and Liquor Enforcement Bill*. Retrieved February 2014

<http://www.nzno.org.nz/Portals/0/Docs/Activities/Submissions/2009%2004%20Sale%20of%20liquor%20NZNO%20Submission.pdf>

New Zealand Transport Agency. (2009). *Safer Journeys – A Road Safety Strategy to 2020*. NZTA: Wellington.

World Health Organisation. (2010). *Global strategy to reduce the harmful use of alcohol* WHO: Geneva. Retrieved February 2014

http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1