

CENNZ Oral Submission to Alcohol Reform Bill Select Committee

Time: 1630-1640hrs Wednesday 9th March 2011

Place: Select Committee room 1, Bowen House, Wellington

Opening remarks/introduction

Thank you for the opportunity to speak in support of our written submission on alcohol law reform.

I am Iona Bichan and this is Denise McGurk and we are emergency nurses. We **stand before you today** on behalf of the **College of Emergency Nurses NZ**, a professional body run **under the auspices** of NZNO with over 400 members who are **emergency nurses**.

We are in favour of strengthening the control of the supply and consumption of alcohol, and of minimising the harm caused by excessive alcohol consumption.

The three main points we would like to present today, based on our written submission are:

- The harmful results of excessive alcohol intake are **costly** to the health system and in particular Emergency Departments.

- To **minimise the harm** caused by excessive alcohol consumption:we believe **reduced access** and **increased purchase prices** will restrict its availability and provide more funding for community-based detox and treatment programmes.

- To **increase personal responsibility** for **harmful behaviours** induced by alcohol we call for instituting a **zero tolerance** for drinking alcohol and driving, and improving the processes around collection of evidential blood alcohol samples **and more education** about the harm of excessive drinking.

1. Cost to health system

In gathering opinion from ED nurses for this submission, the most **frequent comment** I heard was “I’m sick of drunk people vomiting on my shoes”. ED nurses are generally pretty staunch and bodily fluids don’t bother them. What bothers them about drunk people vomiting on their shoes is that it happens **week after week**, and the behaviour that goes with it is **offensive and dangerous**. Nurses are frequently obliged to listen to verbal abuse and dodge drunken fists as they try to care for those who have lost the ability to care for themselves. These patients have often lost control of **bladder and bowels** and sometimes even that most **basic reflex** that we are all born with, of **protecting their own airway**. Also, and more distressingly, while nurses are spending time trying to care for drunk patients, their other patients are **missing out**. ED patients are vulnerable and the presence of other, drunk patients compromises their care. We have a duty of care for **all** our patients, but the resource drain created by the results of harmful alcohol intake is **a major source of frustration** for emergency nurses. EDs have to **schedule more staff** on around weekends and special events when an increase in drunken behaviour is **expected**.

This cost is directly related to the harm caused by excessive consumption of alcohol. Having a drunk person vomit on your shoes is **undignified and irritating**. Having drunk people vomit on your shoes **week after week** is frustrating and demoralising. **That vomit** is an apt metaphor for the culture of excessive alcohol intake that is allowed by the **law as it stands**.

2. Provision of treatment services

ED nurses are regularly forced to witness the results of alcohol-fuelled violence on individuals and families. Even if patients want treatment for their addiction, it is very difficult to get them onto treatment programmes.

Imagine having to tell a smoker who asks for help that there isn't any help for them to give up and that they will have to go away and keep smoking. In the current climate this would be laughable. How much worse is it that emergency nurses who see the harm that it causes have to send people away when they request help with an alcohol problem. There is a national lack of community based detoxification and treatment programmes for those with alcohol addiction and there is no coordinated national strategy to address this huge problem. This problem is getting bigger and bigger and if current services are inadequate then it bodes ill for the future. ED nurses urge that funding obtained from increased taxes on alcohol sales be directed towards a national alcohol treatment programme to improve the provision of services for those who require support to stop excessive drinking.

3. Personal responsibility: drunk driving.

ED nurses attest that New Zealanders appear to be unable to determine the safe amount of alcohol to drink before driving. This is not confined to the hideous multiple traumas that we see after car loads of young people have crashed, as is characterised in advertising. The problem is much wider than that. There are also the older people who 'thought they were under the limit' but have been unable to control their vehicles and driven into someone or something else. Zero tolerance legislation would resolve the situation by giving a clear message that alcohol and driving do not mix. Further, the process for collection of blood samples for the police is currently so unwieldy that many samples, even if taken, are not admissible. We have made several suggestions for improving this process in the written submission.

Conclusion

To conclude, emergency nurses are **painfully aware** of the human and **financial costs** of the culture of excessive drinking that pervades this country.

We call on the government to **strengthen the law** in order to restrict the availability of alcohol and to **fund a coordinated national programme** for those who seek treatment for their alcohol addiction. The obvious way to fund this service is to impose **increased taxes on alcohol** and dedicate those funds to it.

We urge you to introduce **zero tolerance** for drinking and driving and streamline the processes around the collection of evidential blood alcohol samples.

We call on the government to **protect our shoes**. Thank you

