



College of Emergency Nurses- NZNO

Submission to the Justice and Electoral Select Committee

On the

Alcohol Law Reform Bill

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EXECUTIVE SUMMARY

1. The College of Emergency Nurses New Zealand (CENNZ) thanks you for this opportunity to comment on the alcohol law reform bill. We would also like to make an oral submission to the Committee.
2. CENNZ is a professional body under the auspices of the New Zealand Nurses' Organisation, representing 410 members who are nurses employed in Emergency Departments (EDs) in every DHB and in some Accident and Medical centres.
3. CENNZ is deeply concerned about the impact of excessive alcohol consumption on the health and wellbeing of New Zealanders.
4. ED nurses are frontline health practitioners who witness the harmful effects of binge drinking on a daily basis, including the personal toll of caring for patients exhibiting violent and antisocial behaviour as a result of drunkenness. We are also aware of the inadequate provision of treatment and rehabilitation services for people with alcohol addiction.
5. Although we support the minor changes the bill makes in relation to alcohol law reform, we believe that the scale of the alcohol problem in Aotearoa New Zealand, particularly with binge drinking, is such that this bill does not go far enough and, in particular, will not address the problems of easy access and marketing of alcohol to young people, nor provide for adequate prevention, education or treatment of alcohol related harm.
6. We discuss both these aspects in relation to provisions in the bill and recommend the following amendments to the Bill:
 - increased cost of alcohol to reflect the cost of the harm to families and the resource drain on emergency services caused by excessive alcohol intake;
 - stop the sale of alcohol from supermarkets and convenience stores: the ready accessibility of alcohol contributes to the problem;
 - a zero blood alcohol limit for driving and improved systems for evidential blood sampling;

- a ban on alcohol advertising and sponsorship, particularly for sporting events;
- strengthened penalties for adults who supply alcohol to under age youth; and
- A well-resourced national intervention strategy for patients who present to emergency departments with alcohol-related conditions, including support for their families.

DISCUSSION

7. ED nurses are expert witnesses in the field of the effects of binge drinking. Increasing numbers of young women are being brought for emergency care in states of intoxication so great that they are unable to speak or stand, to control their bladder and bowels, or to protect themselves from asphyxiation on their own vomit.
8. The majority of violence-related injury seen in EDs is related to excessive alcohol intake. Emergency nurses have expressed a considerable degree of distress about the effects of the free availability of alcohol to young people and the culture of binge-drinking that persists in this country. Members of our organisation have made the following statements:
 - “you have to decide when they come in the door if they’re a sleepy drunk, a happy drunk, or a violent drunk”,
 - “some drunk people can be really violent and I worry a lot about the other patients- I can handle being sworn at or even hit, but what about the other poor patients? They are so vulnerable”,
 - “on night shifts, I go to work all clean and fresh and go home smelling like a brewery”,
 - “ it really annoys me when my drunk patients take up all my time so I can’t look after my other patients properly”,

- “it’s the families that bother me....the other day we had to look after 3 kids that the police brought in because they had to jump out the window to get away from their dad who had come home drunk and was going to beat them with a softball bat.”
9. These statements demonstrate the vicarious traumatisation suffered by ED nurses who deal daily with the results of alcohol abuse.
 10. Taking our members experiences into account, and considering the Government decisions on the proposed Alcohol Reform Bill, CENNZ urges the Committee to call for the Bill to be strengthened. The proposed decisions do not go far enough to make alcohol less accessible and will not do enough to minimise the ongoing harm that arises from a law that allows excessive alcohol intake to remain a feature of New Zealand life.

Raising the cost of alcohol

11. *“I’ve had to tell people who come to ED to ask for detox to go home and keep drinking because that is actually the only option they have. The alcohol and drug support just isn’t there”.*
12. Recent trends show that raising the cost of cigarettes has had positive results on smoking rates. Raising the cost of alcohol could reasonably be assumed to have the same effect on drinking. The proposal to seek a year’s sales and price data from alcohol retailers seems unlikely to achieve any useful information. We ask whether an industry with a vested interest in selling alcohol will be truthful about a matter that may compromise their future markets.
13. CENNZ would like to see an increased tax on alcohol that would be used to fund improved services for alcohol addiction treatment rehabilitation services.

Removal of alcohol sales from supermarkets

14. *“I get really sick of these guys waking up the next morning and expecting us to treat them with respect when a few hours ago they were swearing at us and vomiting on us and trying to stop us doing our job”.*

15. The presence of alcohol on supermarket shelves normalises its presence in the context of household products. CENNZ believes that alcohol should not be portrayed as a regular grocery item. The ready availability of alcohol in supermarkets and convenience stores also enables excessive alcohol intake. It is important that the government gives a clear directive to minimise the availability of alcohol by removing it from supermarkets and convenience stores.

A zero alcohol limit for all drivers

16. *“The poor woman was just driving over to see her grand-daughter and this drunk guy plowed into the side of her car. She’s lucky she’s not dead- but she’ll be in hospital for weeks”*

17. Emergency nurses see the painful effects of drunk-driving at close hand. To allow driving after any alcohol intake is to normalise the idea of drinking and driving. A zero tolerance of drinking and driving would give a clear message that it is harmful. Despite ongoing advertising about the ‘safe’ number of drinks, New Zealanders have demonstrated that they are unable to consistently estimate safe blood alcohol levels for driving. A zero limit would remove the confusion.

18. Further to lowering the legal blood alcohol limit for driving, CENNZ urges that the method of collection of blood samples for this purpose be improved. The current system is time-consuming and has so many stipulations that require staff to work outside normal blood-sampling practices that it constitutes a health and safety risk. We recommend the following:

- **Amend the stipulations regarding the qualifications of the person taking the blood sample to include Registered Nurses.** This will allow suitably qualified nurses to participate in the process of obtaining blood alcohol specimens, rather than the current situation where Medical Practitioners are required to take or to supervise the taking of the sample.

- **Remove the requirement for specific non-alcohol swabs to be used.** The isopropyl alcohol used on alcohol swabs is easily differentiated from the ethyl alcohol being sought in the analysis.
- **Allow the use of vacutainers to obtain and contain the blood sample.** This would provide greater safety for the practitioner by reducing the risk of needle stick injury or blood contact. Evidential samples could be taken during the same process as samples being drawn for patient assessment and negate the need for separate sampling.
- **Allow the use of computer generated adhesive patient identification labels, where one is available, to label blood samples.** This would save time and improve the legibility and security of the labelling on the sample.
- **Remove the need to specifically seal the samples with separate gum backed paper.** Vacutainer tubes can be manufactured with tamper proof seals negating the need for additional seals.
- **Revise the required documentation POL 530.** This form requires simplification in its language and format and could be self-carbonated to provide multiple copies. The requirement for multiple signatures of the practitioner taking the sample needs review.
- **Provide the patient with pre-printed written information regarding the taking of the sample and their rights and responsibilities.** This would greatly assist the informed consent process and could be used as the notification process for patients with reduced capacity to understand due to their intoxication.

A ban on alcohol advertising and sponsorship, particularly for sporting events.

- *“Last week we had to take this guy to CT because we didn’t know if he was just really drunk or if he had a head injury, and he wouldn’t*

cooperate, and we ended up with 3 nurses and a doctor round there when the department was really busy. What a waste of resources”.

19. The presence of alcohol advertising in the sporting industry has the effect of normalising the presence of alcohol in the lives of New Zealanders. Various beer companies are insidiously intertwined with New Zealand rugby. We seek a commitment that alcohol advertising will be phased out in the same way as tobacco advertising.

Strengthened penalties for adults who supply alcohol to under age youth

- *“it breaks my heart to see these girls coming in to ED time and again so drunk they haven’t been able to protect themselves”,*

20. We support the decision to make it an offence to supply alcohol to those under 18 years old unless by the parent or guardian. However the recommendation that parents/guardians will ensure alcohol is “supplied in a responsible manner” seems likely to fail given that many older adults participate and propagate the culture of excessive alcohol intake. CENNZ urges the committee to strengthen the specifications for supply of alcohol to minors.

21. A well-resourced national intervention strategy for patients who present to emergency departments with alcohol-related conditions, including support for their families.

- *“On more than one occasion I’ve had to tell people who come to ED to ask for detox to go home and keep drinking because that is actually the only option they have. The alcohol and drug support just isn’t there”.*
- *“P might be a problem but how many of them do you see? Alcohol is much worse, we see those patients every day”.*

22. Our members report a woeful lack of acute and chronic alcohol abuse treatment services throughout the country. Merely “improving public education and treatment services” is not enough: there needs to be a firm, well-resourced commitment to providing readily-accessible acute and

chronic treatment options for people with alcohol dependency issues and their families.

CONCLUSION

23. In conclusion, CENNZ supports the general intent of the document, but contends that it does not give a clear enough message about the impact of excessive alcohol consumption on our communities. The proposed changes will not, we believe, minimise the normalisation or availability of alcohol to any significant degree. The magnitude of the problems created by alcohol abuse is such that strong measures are required. We recommend strengthening most of the Government decisions as discussed in this submission and in particular that you:

- increase the cost of alcohol to reflect the cost of the harm to families and the resource drain on emergency services caused by excessive alcohol intake;
- prevent the sale of alcohol from supermarkets and convenience stores: the ready accessibility of alcohol contributes to the problem;
- impose a zero blood alcohol limit for driving and streamline the requirements for evidential blood-alcohol sampling;
- ban alcohol advertising and sponsorship, particularly for sporting events;
- strengthen penalties for adults who supply alcohol to under age youth;
- resource a national intervention strategy for patients who present to emergency departments with alcohol-related conditions, including support for their families;

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