Is it time for New Zealand to adopt alcohol policy that will reduce the harm from alcohol?

Jennie Connor

In this issue of the Journal Randerson et al provide some indicators of the impact of the 2012 Sale and Supply of Alcohol Act on the alcohol environment in New Zealand. Key words in the results are “slight reduction”, “slight increase”, “delayed”, “weakened” and “no impact”. This recent law followed from, firstly, an extensive review by the New Zealand Law Commission covering harm from alcohol, existing alcohol legislation, and national and international evidence on how to reduce harm from alcohol, which was carried out in 2008–10 and secondly, the dismissal of the Law Commission’s main policy recommendations by the government of the time when drafting the new law.

Under the same administration, in August 2015, New Zealand adopted the only alcohol policy we have, “National Drug Policy 2015 to 2020”. With the tagline “Minimise alcohol and other drug-related harm and promote and protect health and well-being”, this document does not recognise that alcohol is a legal drug and the other substances that are included are not. It does not reference the facts that alcohol is produced, distributed and retailed by huge supranational corporations and that they have sophisticated marketing capability and immense budgets. It does not describe any cost-effective strategies to “Minimise alcohol...harm”, and it does not cover tobacco. There are many nice ideas in this policy document but there is nothing that will have more than a trivial impact on harm from alcohol at a population level.

Evidence of the potential benefits of reducing alcohol consumption is everywhere, in New Zealand and internationally. The United Nations’ focus on reducing non-communicable diseases and improving mental health (NCDs), has led to inclusion of a focus on alcohol within the Sustainable Development Goals (SDGs) established in 2016. This recognises the multiple social and economic impacts of alcohol in addition to the effects on the health of drinkers and others in their communities. However, adequate regulation of the alcohol industry will be required. The challenge this poses is evident in the recent report from the WHO Independent High-level Commission on NCDs, titled “Time to Deliver”, which lays out the urgent need to make good on the words and promises of the international community to implement policy to improve NCDs and mental health.

They point to four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, and emphasise that poverty and other social determinants of health affect both the NCDs and also these major risk factors. For at least three of the four, there are major corporate interests that need to be addressed.

Evidence for effective population-level strategies to respond to the burden of harm from alcohol is well-established and expanding, providing the basis for the World Health Organization’s Global Strategy to Reduce the Harmful Use of Alcohol and summarised by experts for wide application. These are consistent with our own Law Commission’s recommendations from 2010. Economic benefits from implementing sound alcohol policies in New Zealand are inevitable, from reductions in the burden of harms on public services and from recouping some of the costs of harm via tax incomes. In the UK it was recently estimated that a 10% increase in alcohol excise tax would raise GDP by £850m a year and create 17,000 new jobs.
So what should we do now?

For a long time, one of the major barriers to healthier alcohol policy has been the power of alcohol industry actors (big corporations, trade associations, and retailers) to influence politicians and affect the development of policy, often by promoting the use of ineffective strategies. More recently we have been confronted by the possibility that trade treaties will be a deterrent to independent policy on alcohol, through fear of litigation when the policies restrict trade in any way.

Our current government is confident that the new version of the TPPA, known as the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP), will not provide any obstacles to adopting policy to improve health, and surely they will no longer allow alcohol industry interference when the health and welfare of the country is at stake. After all, Transparency International has rated us first equal with Denmark as the world’s least corrupt country.

The Government has a full and challenging agenda, addressing a range of social and infrastructure issues that have been deferred or neglected, some that were anticipated and some that have arisen without notice. Processes for the public to have input into the resulting consultations have been straightforward and open, albeit with fairly short timelines. Professionals and NGOs with concerns about alcohol use in New Zealand are having a busy time participating in all of the opportunities that have arisen, given the cross-cutting impacts of alcohol. In the last few months there have been submissions to the Tax Working Group (on alcohol pricing policy that will simultaneously reduce harm from alcohol and require alcohol industry to pay for some the externalities of their trade), on the draft Government Policy Statement on Land Transport 2018 (on reducing alcohol-related road traffic injury in order to be able to consider Vision Zero as a goal), to the Mental Health and Addiction Inquiry (an area where the size and modifiability of alcohol’s contribution is well established), as well as a proposed amendment to the Sale and Supply of Alcohol Act to close a loophole.

Wouldn’t we be better served by a systematic, evidence-based and ambitious approach to alcohol policy in New Zealand?

REFERENCES:


