“The iron is hot” for alcohol-related policy changes in New Zealand

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New Zealand has had a tricky relationship with alcohol-related policy change. We are infamous for lowering the Minimum Legal Purchasing Age in 1999 (from 20 to 18 years) and liberalising the drinking laws to accommodate the Rugby World Cup in 2015. In a recent New Zealand Medical Journal editorial, O’Brien and Chikritzhs (2017) criticised the New Zealand government’s current inaction regarding alcohol advertising and suggested that we should call on the government to explain their inaction. However, with an election looming, and with public perception strong, we can afford to be more optimistic and should instead call on the government to consider implementing alcohol-related policy changes that reduce inequities in alcohol-related harm (ie, increases in tax/price). In this letter, I outline a culmination of factors that signify that the iron may be hot for alcohol-related policy changes in New Zealand.

Despite the government’s tricky relationship with alcohol-related policy change, per-capita alcohol use in New Zealand actually declined by about 9% from 2010 to 2015 (2010=9.6 litres per capita vs 2015=8.7 litres per capita). But following this period of steady decline, per-capita alcohol use slightly rose in 2016 (to 8.9 litres per capita). Although 2016 per-capita alcohol use is still lower than 2010 alcohol use, the increase offers a justification to implement change, especially when taking into account the fact that hazardous drinking has increased every year since 2011 (2015/16=21% hazardous drinkers). Despite this increase in alcohol use and hazardous drinking, there may be support for more alcohol-related policy change. That is, more restrictive changes tend to be seen as more favourable by light/non-drinkers, older adults and women, and New Zealand is at a point where these groups are over-represented. For example, there are a high number of abstainers (ie, those who did not consume alcohol in the past 12 months; 2015/2016=20%), the median age of the population is high (and getting higher; 2013=38.0 years), and there are slightly more women than men (2013=51.3%).

It is also important to note that public perception of alcohol may be swinging toward the negative. Our closest neighbour, Australia, have viewed alcohol as the ‘drug of most concern’ since 2004, when it overtook heroin (see Callinan, Room, Livingston, 2014 for a summary of Australian policy attitudes). Although a similar study has not been conducted in New Zealand, New Zealand has just seen a number of media reports and public meetings focused on alcohol’s contribution to cancer. Given the link between awareness of the harms caused by alcohol and acceptance of alcohol-related policy change, policy change may have more support than ever.

Finally, public perception regarding restrictive policy changes appears to be favourable. Public perceptions and attitudes are critical in influencing a government’s decisions. These perceptions often contribute to why popular (less effective) policies are implemented at the cost of unpopular (more effective) policies (eg, education vs taxation). In New Zealand, the New Zealand Health and Lifestyles Survey has suggested that support for certain policy changes have remained favourable and stable from 2010–2014. When looking at the 7,006 who answered the survey in 2010, 2012 and 2014, 62% supported reducing hours alcohol could be sold (vs 20% who were opposed), 39% believed there were too many places where alcohol could be sold (vs 3% who believed there were too few), 80%...
supported restrictions on alcohol advertising that is seen or heard by young people (vs 12% who opposed) and 66% supported restrictions on alcohol sponsorship of events young people attend (vs 18% opposed). Overall, the report reveals that between 2010 and 2014, the majority of New Zealand adults were for harsher restrictions on alcohol availability and advertising. Unfortunately, a key weakness from the survey is that there is no data regarding the increase in alcohol price for 2012 or 2014. But in 2010, 57% supported a price increase for cheap alcohol (vs 24% who opposed).9

Despite these promising results, favourable ratings for evidence-based policies may not last forever (see Callinan et al, 2014 for examples),7 therefore, it is critical that we attempt to implement policies while public opinion is favourable. While a number of factors may derail attempts for policy change (most notably the attempts from the alcohol industry), it may be critical to strike while the iron is hot.

Competing interests:
Nil.

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