

Alcohol in Our Lives – A Submission to the New Zealand Law Commission

The New Zealand College of Clinical Psychologists has a membership of over 600. We work in a wide range of settings, treating diverse population groups for a wide range of issues. In all cases problems of excessive alcohol consumption have an impact, either through our clients own alcohol consumption or being negatively affected by the alcohol use of others in their lives.

Clinical psychologists work mainly with individuals, couples and families. We see many instances of alcohol dependence and a much larger group who while not dependent are drinking in a heavy and harmful fashion. We applaud the Law Commission's call for better funding of alcohol treatment services. Increased service provision needs to occur at the specialist level, where those with moderate to severe alcohol dependence are treated, as well as within broader mental and physical health settings, where those with less severe problems may be identified and worked with.

We would like to highlight the importance of the wider social and legislative context and how this can impact on the emergence and resolution of problems at the individual level. Whilst we recognise individual choices we know these can be powerfully influenced by environment, incentive and consequences. It is therefore crucial that efforts be made to change the status quo which we believe has promoted the high level of alcohol-related problems in New Zealand, with 25% of past year drinkers classified as hazardous or problem drinkers (Wells, Baxter & Schaaf (Eds). (2007). Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Alcohol Advisory Council of New Zealand). Specifically extensive liberalisation has led to easy access to cheap alcohol for a wider age range of New Zealanders. Alcohol consumption is glamorised and heavily promoted via television, print and billboard advertising and through heavy sport sponsorship.

An area of specific interest and expertise for many of our members is forensic psychology. Alcohol is an extremely significant driver of crime, with alcohol intoxication implicated in 46% of recorded offences in 2007/08 in which the offender was identified, including 35% of sexual offences and 45% of violent offences (Stevenson, R. National Alcohol Assessment. New Zealand Police, April 2009).

In addition to increasing offending, heavy alcohol consumption is also a contributor to many other health problems with which we deal. In the mental health field this includes depression, self-harm and suicide. In the area of health psychology alcohol consumption also contributes to obesity, diabetes and heart disease amongst other areas.

Alcohol is often used in response to other concerns in people's lives. This is made easy by the availability and endorsement of alcohol as a central feature of a popular lifestyle

We do accept that alcohol has a place in New Zealand society but to date that place has been too great and the burden of harm caused has been too heavy. We call on the Law Commission to be bold and recommend to government to make significant changes across the wide range of areas of legislation impacting alcohol consumption and alcohol-related harm. Specifically we support the “five plus” solution to alcohol-related harm recommended by Babor and colleagues (2003) in *Alcohol: No Ordinary Commodity*:

1. *Raise alcohol prices* through taxation or minimum price per unit.
2. *Raise the purchase age* back to 20 years of age. More active policing of infringements of the purchase age should also be pursued.
3. *Reduce alcohol accessibility* by reducing hours of operation and outlet density.
4. *Reduce marketing and advertising* at the very least by rigorous efforts to reduce the exposure of young people to alcohol advertising and promotions. Given the harms occurring as a result of alcohol consumption, we would argue that an outright ban on all alcohol marketing is warranted. The claims of the alcohol industry that marketing targets brand loyalty and does not promote consumption is disingenuous. In a brand preference competition there will be losers as well as winners (this is true by definition if advertising is a “zero sum” strategy not increasing consumption). If this is the case, why are there not equal numbers of manufacturers supporting a ban as there are opposing one?
5. *Increase drink-driving counter-measures* by enforcing a 50mg/100ml blood alcohol level, bringing New Zealand in to line with many other countries, including Australia, France, Germany, Italy, Spain, and South Africa.

PLUS: Increase treatment opportunities for heavy drinkers in both specialist and primary/opportunistic settings.

Yours Sincerely



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On behalf of the New Zealand College of Clinical Psychologists