REPRESENTATION ON THE ALCOHOL REFORM BILL

This representation is from the
National Organisation for the Reform of Marijuana Laws (NORML New Zealand Inc).

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We would like to appear before the Committee present our submission and answer any questions.

Summary:

With regard to the Alcohol Reform Bill, NORML NZ makes the following recommendations:

1. **That the Government follow the Law Commission's recommendation to phase out and ban all public advertising, promotion and sponsorship of alcohol.**
2. **That the Government applies this policy consistently to all drugs – both recreational and medicinal – including legal 'herbal highs'.**
3. **That the legal age to purchase alcohol should stay at 18.**
4. **That alcohol is to be placed into Class D of the Misuse of Drugs Act.**
5. **That a policy of 'No Nuisance' be implemented in New Zealand for all venues which serve and sell alcohol.**
6. **That subject to becoming legally regulated and taxed, cannabis is to be treated the same and subject to an R18 restriction for purchase, as well as subject to a ban on all forms of public advertising and promotion.**

Tena koutou,

NORML New Zealand was founded in 1979 as a non-profit incorporated society to campaign for an end to cannabis prohibition. We support the right of all adults to use, possess and grow their own cannabis. We also recognise that some commercial market for cannabis and other drugs will always exist, and we therefore promote ways to best to control those markets. We believe that drug policy in general should be evidence-based and support harm minimisation.

1. We support policy and legislation for alcohol and other drugs that:

- Has realistic goals;
- Is regularly evaluated;
- Provides the greatest level of harm reduction for drug users, their families and their communities;
- Minimises the number of drug users who experience problems from their drug use;
- Is evidence-based, and has the support of the wider community.

2. We would like to see this bill more clearly aligned with the National Drug Policy.

2.1 The overarching goal of the National Drug Policy 2007-2012 is:

2.1.1 *"To prevent and reduce the health, social and economic harms that are linked to tobacco, alcohol, illegal and other drug use."* (p. 10)

2.2 Drug policy in New Zealand is based on the principle of harm minimisation.

2.3 One aspect of harm minimisation is 'demand reduction', the focus of which is on:

2.3.1 *"Initiatives that aim to delay or prevent uptake, encourage drug-free lifestyles or create awareness of the risks involved with drug use."* (p. 11)

2.4 Another aspect is 'problem limitation', which:

2.4.1 *"Seeks to reduce harm from drug use that is already occurring."* (p.11)

2.5 The National Drug Policy emphasizes the need for *health promotion*, which is defined as "the process of enabling people to increase control over and improve their health."

2.6 The National Drug Policy claims to be evidence-informed, stating that:

2.6.1 *"Effective drug policy is based on a careful analysis of the most up-to-date information available. Interventions will reflect practices that are informed by rigorous research, critical evaluation, professional expertise, and the needs and preferences of the community."* (p. 12)

2.7 We are of the view that alcohol policy should be based on the principle of harm minimisation, so as to:

- Help prevent and reduce the health, social and economic harms that are linked to alcohol use;

- Help improve social, economic and health outcomes for the individual drinker, as well as the wider community and the population at large;
- Provide an approach that balances education, demand reduction, and problem limitation;
- Help make families and communities safer by reducing the irresponsible use of drinking;
- Help reduce the cost of drug misuse to individuals, society and government.
- Help reduce harm from drug use that is already occurring.
- Help enable people to increase control over and improve their health.
- Help ensure a more equitable distribution of the determinants of wellbeing across society.

3. Evidence shows that there are links between alcohol advertising and its influence on young people.

3.1 Alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol. [1]

3.2 In New Zealand, 90% of children aged between 5 and 17 years are exposed to alcohol advertising on TV each week. [2]

3.2.1 Young people as well as minors are exposed to alcohol advertising through television at home. The BSA reports that watching late evening television is relatively common for children even as young as 6-7 years; [3]

3.2.2 Data from 2002 showed that 23.7% of 10-17 year olds were watching television at 9.00- 9.30 pm; [4]

3.2.3 At 8.30 pm – the new start time implemented by the ASA against advice by ALAC, the Ministry of Health and other public health organisations, 26% of 10-17 years olds were watching; [5]

3.2.4 Boys aged 10-13 said they knew much about drinking from watching ads; [6]

3.2.5 The 10-17 year olds who recalled most alcohol ads were more likely to think it was okay for kids their age to get drunk, to think their friends drank frequently and consequently to drink more themselves. [7]

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[1] Anderson, P., et al. (2009). "Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies." Alcohol and Alcoholism 44(3): 229-243

[2] McCreanor et al. 2008

[3] Zwaga, W.E.R. (2000) Researching children's television viewing habits in the context of the free-to-air television code review. Broadcasting Standards Authority: Wellington

[4] ALAC 2003

[5] *ibid.*

[6] Wyllie, A., Zhang, J.F. and Casswell, S. (1998) Responses to televised alcohol advertisements associated with drinking behaviour of 10 to 17 year olds. Addiction, 93: 361-371; Wyllie (1997) Love the Ads - Love the Beer: Young People's Responses to Televised Alcohol Advertising [Doctoral Thesis]. Auckland: Alcohol and Public Research Unit, University of Auckland

[7] *ibid.*

3.3 The Dunedin Multidisciplinary Health and Development study found an impact of response to advertising on later consumption. Numbers of alcohol ads recalled at age 15 in response to a question about the portrayal of alcohol in the media significantly predicted heavier drinking among males at age 18. [8]

3.3.1 Those who responded positively to alcohol advertising at age 18 were heavier drinkers and reported more alcohol related aggression at age 21; [9]

3.3.2 Those who had responded most positively to alcohol advertising at age 18 were the most frequent drinkers at age 26. [10]

3.4 Problem drinkers report that television advertisements make it more difficult to abstain. [11]

3.4.1 A Ministry of Health Report on alcohol advertising referred to how people in recovery describe how alcohol advertising acts as a constant reminder that abstinence is not normal, it offers promises of companionship, good times and association with famous people/groups. [12]

3.5 Alcohol brands in New Zealand are increasingly being marketed via sponsorships of sporting or cultural events.

3.6 In our opinion, neither the existing Code for Advertising Liquor, nor the system of voluntary self-regulation of alcohol advertising are working to reduce the harms from excess drinking, especially amongst young people and those with problematic drinking issues.

4 . We support the Law Commission's recommendation for a three-stage plan to control alcohol promotions, advertising and sponsorship.

4.1 The Law Commission recommended a three-stage plan to control alcohol promotions, advertising and sponsorship. The process would take five years and phase out all forms of alcohol advertising.

4.1.1 Stage One makes it an offence for off-licenses to promote any event or activity that encourages excessive alcohol consumption. Promotions that specifically target young drinkers will also become an offence;

4.1.2 Stage Two creates a joint committee run by the Ministers of Health and Justice. This will oversee a programme to reduce exposure to alcohol advertising and increase control of advertising content;

4.1.3 Stage Three restricts the advertising and promotion of alcohol in all media. Eventually, no alcohol advertising will be allowed, except that which gives factual product information only.

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[8] Connolly, G., Casswell, S., Zhang, J.F. and Silva, P.A. (1994) Alcohol in the mass media and drinking by adolescents: A longitudinal study. Addiction, 89: 1255-1263.

[9] Casswell, S. and Zhang, J.F. (1998) Impact of liking for advertising and brand allegiance on drinking and alcohol-related aggression: A longitudinal study. Addiction, 93: 1209-1217.

[10] Casswell, S., M. Pledger and S. Pratap (2002) Trajectories of drinking from 18 to 26 years: Identification and prediction. Addiction 97: 1427-1437

[11] Thomson, A., E. Bradley and S.Casswell (1997) A qualitative investigation of the responses of in-treatment and recovering heavy drinkers to alcohol advertising on New Zealand television. Contemporary Drug Problems. 24 133-146.

[12] Review of the Regulation of Alcohol Advertising. Summary of the Results of the Consultation Process. Ministry of Health, Wellington. 02 February 2007

5. We support a policy where current regulation concerning the advertising, promotion, and sponsorship of tobacco is an effective model that should be consistently applied across all types of drugs, including those used medicinally as well as those used socially and recreationally.

5.1 Consistency is important in drug policy. New Zealand's regulatory approach to different drugs (both legal and illegal) has been ad hoc to say the least.

5.2 Public promotion of tobacco is no longer allowed; neither should public advertising of alcohol and other drugs such as 'herbal highs'.

5.3 All drugs contain the potential for misuse and harm.

5.4 Accurate health information about all drugs must be publicly available.

5.4.1 Those most qualified at providing and disseminating such information are health professionals; not special interest groups or marketing executives.

5.5 There is no need for any drug – whether intended primarily for medicinal or recreational use – to be publicly promoted, glamourised or advertised for sale.

5.5.1 We stress the need to draw a clear distinction between providing consumers with accurate product information – usually in the form of product labeling – that allows them to make informed choices about their purchases, and the promotion of same product designed to increased consumption.

6. New Zealand citizens should be recognised as adults for all practical purposes, including access to alcohol, at the age of 18.

6.1 NORML supports the current age of access to alcohol of 18, and advocates that 18 be adopted as the age at which responsible, adult, use of substances such as alcohol or cannabis is accepted or tolerated.

6.2 Denying access to under-18s is justifiable on public health grounds; only by means of formal, legal, regulation can access be successfully limited to an acceptable degree and NORML supports a firm approach. On the other hand, denying access to 18 year olds would be unreasonable and would undermine respect for the law. Only by the exercise of individual responsibility regarding alcohol and drugs will young adults learn to deal with them in a responsible manner.

7. In that light, we make the following recommendations:

7.1 That the Government bans the public advertising and promotion of alcohol and alcohol products.

7.1.1 This will help prevent harmful alcohol use and act in alignment with the National Drug Policy by preventing and reducing the health, social and economic harms that are linked to alcohol use;

7.1.2 It will act in accordance with the principle of harm minimisation which aims to improve social, economic and health outcomes for the individual, the community and the population at large;

7.1.3 It will help make communities safer by reducing irresponsible alcohol use;

7.1.4 It will help reduce the cost of alcohol drug misuse to individuals, society and government;

7.1.5 Help enable people to increase control over and improve their health;

7.1.6 It will serve as an example of evidence-based policy-making which has the support of the wider community;

7.2 That the Government applies this policy consistently to all drugs – both recreational and medicinal – including legal 'herbal highs'.

7.3 That the legal purchase age for alcohol stay at 18.

7.4 That alcohol is placed into Class D of the Misuse of Drugs Act.

7.4.1 We support a policy where legally available drugs such as alcohol, tobacco and 'party pills/herbal highs' are all classified under a unified set of regulations;

7.4.2 We believe that, under the Misuse of Drugs Act, Class D is the best place to schedule drugs such as tobacco, alcohol and 'party pills' because they can then be treated with a consistent approach to sales and marketing;

7.4.3 Furthermore, consistency can be maintained through keeping a standard minimum purchase age of 18.

7.5 That a policy of 'No Nuisance' be implemented in New Zealand for all venues which serve and sell alcohol.

7.5.1 In Holland, a policy of 'No Nuisance' has been successfully adopted for bars selling alcohol and Coffeeshops selling cannabis;

7.5.2 The policy means that both bars and Coffeeshops and their customers are not allowed to annoy the local community, i.e. neighbours, community, police, local workers, etc;

7.5.3 For example, bars are held responsible for what their patrons do even after leaving the premises. Because they can lose their license, they therefore have a strong interest in not getting customers to the state where drunken violence or vandalism is likely to occur. We need to instill that sort of attitude here;

7.5.4 Implementation of such a policy in New Zealand for all licensed premises as well as off-licenses would have a hugely beneficial impact on the way alcohol is sold and consumed, perhaps more than any other proposal under discussion;

7.5.5 'No Nuisance' is a flexible concept that can be adapted by local authorities and communities for their own circumstances and priorities. E.g. noise in the inner city not such a problem compared to suburbs; deciding how close bars can be located in proximity to schools, etc.;

7.6 That in the eventuality of cannabis becoming legally regulated and taxed, it is placed into Class D of the Misuse of Drugs Act and subject to both an R18 restriction for purchase and a ban on all forms of public advertising and promotion.

7.6.1 In Holland, where cannabis has been available for sale to adults-only from licensed Coffeeshops for over 30 years, images of cannabis or any other type of display or promotion featuring cannabis are not allowed to be publicly displayed.

8. Conclusion

We note the hypocrisy involved in accepting that a dangerous drug like alcohol can be used, sold, supplied and promoted because it is part of New Zealand's culture; while at the same time the estimated 400,000 adult New Zealanders who use cannabis each year face severe penalties for use, and extreme penalties for sale and supply.

There needs to be a fairer, more consistent treatment for these substances and the adults who choose to use them. The prohibition of alcohol in the United States last century didn't stop people from using alcohol – in fact it only increased the harms of drinking – just as the prohibition and criminalisation of cannabis hasn't prevented people from using that drug.

Ending cannabis prohibition in much of Europe, Australia and the United States has not caused increases in cannabis use, but has achieved dramatic savings in law enforcement as well as improving the effectiveness of drug education and treatment services.

After twenty years of regulated supply, teenage cannabis use in the Netherlands is dropping - a result of normalising cannabis use and limiting sales to adults. Other illicit drug use in the Netherlands has also dropped as they broke the black-market connection between cannabis buyers and other drug sellers.

The evidence shows 'liberal' models of controlling drug use don't increase rates of experimentation, whilst repressive models don't deter or prevent use - but they do create all sorts of other harms.

The minimisation of drug-related harms is therefore best achieved through regulations, education and treatment, while an emphasis on punitive sanctions will continue to increase harms to drug users, their families and communities.

9. Appearance if oral hearing held.

We wish to appear before the Committee to explain our views, answer any questions, and/or provide additional information.

For more information, or to discuss anything contained in our submission, please contact us.

Yours sincerely,

Stephen McIntyre

on behalf of the Board of Directors,
NORML NZ Inc.