



## **Inquiry into how to support young people to be safe with alcohol (alcohol has a massive impact for young people)**

### **Recommendation**

The Social Services Committee makes the following recommendations:

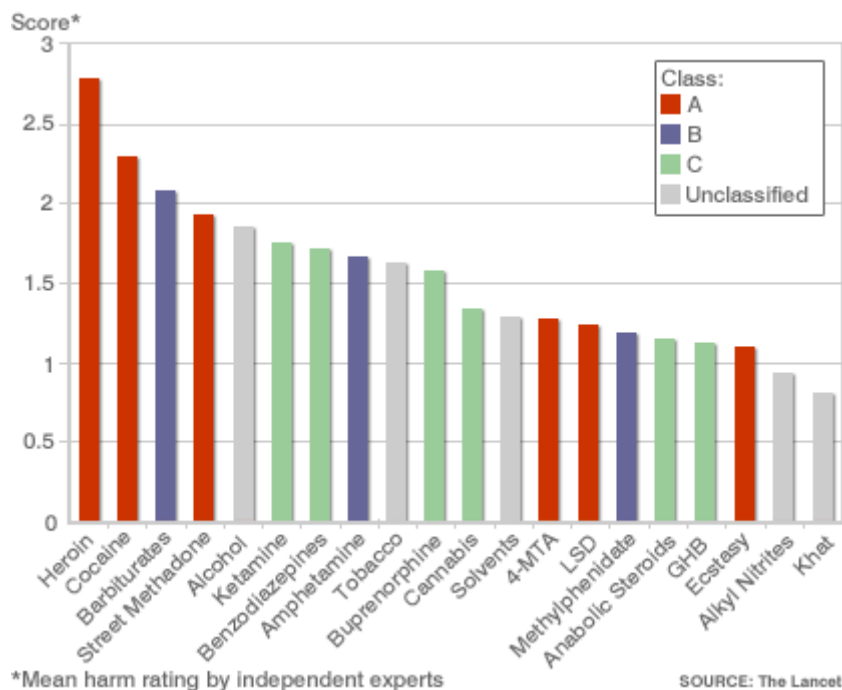
1. that the Government raise taxes on alcohol to curb consumption
2. that the Government prohibit the sale of alcohol in supermarkets
3. that the Government introduce a zero blood alcohol limit for drivers under the age of 20
4. that the Government reduce the blood alcohol limit for people over 20 from 0.08mg/100ml to 0.05mg/100ml
5. that the Government promote safe alcohol use advertising campaigns that specifically target and appeal to young people and parents
6. that the Government regulate the advertising of alcohol through legislation rather than the liquor industry itself
7. that the Government promote support-based education programmes in schools for young people
8. that the Government do not raise the age of alcohol purchase unless the recommendations explored have no effect on the New Zealand drinking culture.

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### **Introduction**

Most New Zealanders regard alcohol as a natural adjunct to socialising. In a recent survey by the Ministry of Health, over 80 per cent of the population reported consuming alcohol in the past 12 months. Furthermore, young New Zealanders are introduced to alcohol at a relatively young age, resulting in a normalisation of drinking during adolescence, which can implicitly downplay the harm that may result from alcohol.

That harm is significant. In 2007, British scientists published a list of the most commonly used legal and illegal drugs in order of their harmfulness. On this list, alcohol ranked 5th behind heroin, cocaine, and barbiturates; tobacco ranked 9th and cannabis ranked 11th as shown below:



\* Nutt D. King LA. Saulsbury W. Blakemore C. Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet* 2007; 369: 1047–1053

The New Zealand Law Commission recently released an extensive review of the country’s liquor laws, containing a large number of recommendations to the Government. It is in the context of this review, and of increasing concern about the effects of alcohol on New Zealanders (and young New Zealanders in particular) that we conducted our inquiry. We heard evidence from various sources and explored various options to address the problems of alcohol consumption by young people. Our report outlines the key issues we discussed and the recommendations we make for change. These recommendations recognise that this is a complex problem and that long-term improvement requires a holistic approach comprising legislative, regulatory, social, and educational initiatives.

### Availability of alcohol

The Alcohol Advisory Council of New Zealand (ALAC) told us that the easy accessibility of alcohol is highly problematic. Alcohol is sold in an increasing number of off-licence outlets, and in many instances is priced lower than non-alcoholic options. For example, supermarkets in recent years have been able to sell alcohol at extremely low prices. We believe that increasing taxation on alcohol to raise its purchase price would be a simple and effective means of reducing consumption, and a similar tax has worked successfully as a disincentive to smoking. In addition, we recommend that alcohol no longer be sold in supermarkets, but only in designated liquor outlets.

## Changing New Zealand's drinking culture

A number of submitters noted that New Zealand has a worrying culture of binge-drinking, which needs to be addressed. New Zealanders' experience of alcohol starts early. According to Youth 07 data, 50 per cent of 13-year-olds have tried alcohol, and drinking regularly increases with age. By age 16, three quarters of young people "currently" drink. Of those who currently drink, 58 percent of 16-year-olds drink weekly or more often, and 80 percent say they have three drinks or more in a usual drinking session.

At the same time, New Zealand also has a history of successful "social engineering", of commitment to changing undesirable behaviours gradually. We discussed recent advertising campaigns against domestic violence and against smoking by young people; the "Smokefree" social marketing campaign, which depicts young people talking to other young people, illustrates the power of peer to peer advertising. We believe that similar advertising would be highly effective to address the abuse of alcohol. Such advertising should employ positive role models, but also emphasise the harm that can result from drinking.

Cultural beliefs are inherited, and we believe that older generations must take some responsibility for the widespread perception that excessive drinking is acceptable. The New Zealand Police told us about a 2007 study amongst young people in which 54 percent of respondents claimed that their parents regularly bought alcohol for them. For this reason, education programmes in schools are likely to be only partially successful. Classroom-based alcohol and drug education may raise the awareness of young people, but, we were advised, it is unlikely to change their behaviour by itself. Programmes that have better chances of success are those that are based in communities, where community action and engagement is a central part of the initiative.

## Minimising the risks

We believe that the regulatory and cultural initiatives discussed above could result in significant and long-lasting changes in people's attitudes to alcohol. However, these benefits are likely to be felt only gradually, and we recognise that much can be done in the short term to increase young people's safety when consuming alcohol.

Young people open themselves up to considerable risks when drinking, perhaps the greatest of which is that incurred by drink-driving. Students Against Driving Drunk informed us that road traffic crashes account for more than half of all fatalities, and are second only to pregnancy as a cause of hospitalisation, in persons aged 15 to 19 years. We strongly support the introduction of a zero blood alcohol limit for young people under the age of 20. We also believe that the blood alcohol limit for people over the age of 20 should be lowered from 0.08mg/100ml to 0.05mg/100ml. However, we also believe that there should be complementary measures, such as advertising and education, to support this change.

## Appendix

### Committee procedure

The committee met on 6 and 7 July 2010 to consider the inquiry. The committee received and heard five submissions. Evidence was heard from the Ministry of Social Development, the New Zealand Police, Students Against Driving Drunk, the Hospitality Association of New Zealand, and the Alcohol Advisory Council of New Zealand.

### Committee members

Maxwell Scott (Chairperson)

Seina Abera

Benjamin Carpenter

Billy Clemens

Talia Ellison

Roberta Faitele

Keiran Gera

Hayley Gilchrist

Lisa Hansen

Shail Kaushal

Danielle Lucas

Vainga Pahulu

Natasha Pratt

Georgia Robertson

Anna Rumbold

Monisha Singh

Chelsea Torrance

Tony-Joseph Tautari

Holly Tullett