



**The Distilled Spirits Association of
New Zealand**

Submission to the Ministry of Health
on its Draft National Drug Policy for
New Zealand

February 2014



Introduction

The Distilled Spirits Association of New Zealand (DSANZ) is the national trade organisation representing New Zealand's leading producers, distributors, brand owners, importers and exporters of premium spirits and spirit-based drinks.

DSANZ members are Bacardi New Zealand Holdings Ltd, Beam Inc, Brown-Forman, Diageo, Hancocks, Independent Liquor, Lion, Moet-Hennessy, Pernod Ricard New Zealand and The Rum Company (NZ). In addition we have three associate members who are Anchor Ethanol, EuroVintage and Federal*Geo.

Together DSANZ represents over 98% of spirit industry interests in New Zealand.

DSANZ has a direct interest in the development of the Ministry of Health's National Drug Policy as we believe that lasting changes to our drinking behaviour resulting in an on-going reduction in the harm caused by excessive consumption of alcohol will only be achieved through the government-wide integration and development of:

- well-evidenced policy interventions;
- targeted education programmes; and
- appropriate regulation.

We also believe that industry must be involved in any further discussions about such an important policy. As a sector we have a great many insights and information about market structures, consumer behaviours and behaviour-changing methodologies that would help inform the Ministry's policy development.

Please do not hesitate to contact me to discuss this in more detail.



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Contextual Comments

Before answering the questions posed in the Ministry's draft discussion document we would make the following comments:

1) DSANZ's Position on Harm Reduction

- a) DSANZ is supportive of the high level intent of the Ministry to develop policy measures to reduce the harm caused by excessive or inappropriate consumption of alcohol. As an industry the alcohol sector is also committed to helping reduce such harm.
- b) Our belief is that harm minimisation will only be achieved through long term evidence-based programmes. Such programmes must combine good policies and regulations with targeted educational interventions aimed at understanding and then changing harmful drinking behaviours.
- c) In this context we support the broad intent and description of the Ministry's "three pillars" approach as described in Figure 1, page 5 of your document. We believe however that there has been an over-emphasis on supply-side controls that is out of balance with educational and behaviour/culture-changing activities to support a reduction in harmful drinking.
- d) We would ask that as the Ministry continues to develop its policy that it gives due weight to programmes and activities that identify and help change the underlying drivers that give rise to risky drinking behaviours.
- e) On this latter point we would bring to your attention that the alcohol industry represented by DSANZ, New Zealand Winegrowers and the Brewers' Association of Australia and New Zealand has jointly developed a harm minimisation programme called The Tomorrow Project. At the core of this project is a programme called *Cheers!*
- f) *Cheers!* aims to understand the drivers that lead to excessive drinking and its associated negative outcomes and then address these through a range of activities and programmes. We invite the Ministry to view *Cheers!* online at www.cheers.org.nz.
- g) The Tomorrow Project would be happy to share with the Ministry its research and thinking behind its approach to harm minimisation and to jointly seek ways of working together to promote a moderate drinking culture.

2) Policy Approach

- a) We understand the Ministry's intent when it has developed a discussion document that attempts to address policy development across a range of sectors, products and drugs. We believe however that the outcome of this approach has been the use of

descriptions and language that are not appropriate when applied to alcohol and harm minimisation. It would be unfortunate if these became generic policy descriptors as they are misleading.

- b) For example, paragraph 6, page 3 states:

If we are able to reduce the amount of alcohol and other drugs that New Zealanders use, we can expect to see increases in our productivity, benefits to our health and reductions in rates of crime. This is especially true for young people.

While we might agree with this statement from an illicit drug perspective from an alcohol context the issue is not about reducing alcohol consumption *per se*. Instead the focus must be on reducing harmful alcohol consumption as 80% of those who consume alcohol do so enjoyably and in moderation. We would ask that this distinction is made clear and that a clear separation between policies aimed at reducing the consumption of illegal substances be separated from those aimed at minimising the harm caused by excessive alcohol consumption.

- c) Other examples of language that could be construed to mean the policy approach for alcohol is one of cessation rather than harm minimisation through moderation include:

Paragraph 13, page 4:

*These include controlling the supply of alcohol and other drugs, **encouraging people not to use these substances** and helping those who do use them.*

Figure 1, page 5:

*Demand reduction tried to **reduce the desire to use** alcohol and drugs.*

Paragraph 15, page 5:

*This has been important for **preventing alcohol and drug use** and improving the outlook for those who do use them.*

Once again we ask that there is a clear distinction made between the policy approaches and. Therefore, the language, for alcohol versus illicit drugs. The better use of language can be easily achieved.

For instance, the first example above could be re-written to state:

These include controlling the supply of alcohol and drugs, encouraging people not to use drugs, helping those who use them and developing programmes to support a moderate drinking culture.

3) Outcomes and Measures

- a) DSANZ wholeheartedly supports the Ministry in its attempts to create measurable outcomes as they relate to harm minimisation. In this context we believe that to achieve meaningful outcomes that are targeted, evidenced-based and measurable a whole-of-government approach is required.
- b) We are aware of the large number of agencies running programmes and interventions focused on alcohol harm reduction. Very few of these programmes are co-ordinated across agencies. It is our hope that the Ministry, through the promulgation of this policy, will look to better integrate such activity.

Specific Responses

In response to the questions in Appendix 1 of your document we make the following comments:

1. *What should we call our policy? Is the National Drug Policy still a good name?*

We believe the Ministry should revert to the name of the previous policy – The National Drug and Alcohol Policy. This title begins to make it clear that the policy has a focus on drugs of an illicit nature and on alcohol. This would then be reflected in the language used in the document itself (as discussed above).

2. *Where should we focus our efforts relating to supply control, demand reduction and problem limitation? Should these efforts be consistent or differ depending on the drug or substance?*

From an alcohol perspective we strongly believe that supply-side controls exist in abundance and that the emphasis should be on harm reduction through education and targeted behaviour/culture changing interventions. Such interventions would encourage a moderate drinking culture by identifying and mitigating the underlying drivers, across defined cohorts, that lead to problem drinking.

3. *Alcohol and other drugs can cause harm to people who don't use them, such as whānau and friends. In what ways could our policy support your community to reduce this harm?*

See, partly, (2) above. In addition we would emphasise the role of your policy and Ministry in the proper integration of current government activity that purports to focus on harm minimisation. We would also posit that industry has an important role to play with government and across communities and, as such, needs to be involved in policy development.

4. *What outcomes should the National Drug Policy aim for?*

This is a large and complex question. At this point in the process we would say that outcomes should focus on:

- a) Reducing harmful drinking – not consumption reduction.
- b) Behaviour modification – not on supply-side regulation
- c) Usability and relevance across the public sectors so that existing harm minimisation programmes can be modified, re-scoped and better integrated.

5. *What issues should our first action plans try to tackle?*

Again, a large and complex question. We believe that any actions should be based on sound evidence which seeks to better understand the drivers that underpin harmful drinking. We would reference the work done in this regard by the Cheers! programme mentioned above.

6. *Should the policy contain performance targets?*

Yes. This is critical. To create performance targets the Ministry will need to understand what it is trying to change – and to understand this will necessarily mean understanding, on a cohort by cohort basis, what it is that leads to problem drinking behaviours.

7. *What things do you think we should measure to see if things are working?*

See (4) above as a guide to this question. We would also be willing to share our insights from the Cheers! programme in this regard. Additionally we would point out that other government agencies will have their own measures that will need to be integrated with this portion of the policy.

8. *How will we know if we are allocating the right balance of resources to each of the areas of supply control, demand reduction and problem limitation/treatment? What should we be looking for?*

This will depend on the outcomes you define, the interventions you put in place and how you co-ordinate across government. In principle however we believe the emphasis should be on behaviour modification and educational activities that seek to create a moderate drinking culture.

9. *What would you like to know about how well the different approaches taken under the policy are working?*

See discussion above. In principle if an outcomes-based approach is taken then we would expect to be kept informed as to how different policy interventions are tracking against these outcomes.

10. *If you are someone who delivers alcohol or other drug services, what have you seen working well in your community to reduce alcohol and other drug-related harm?*

We would refer the Ministry to the industry-funded Cheers! programme as well as the interventions that a number of DSANZ members have in place in New Zealand and globally.

11. *If you are a provider of alcohol or other drug services, do you think there is a way government could better work with you or support you through non-financial means?*

N/A

12. *Can you think of instances whereby supply control, demand reduction or problem limitation interventions have been inconsistently applied across New Zealand?*

Refer to (8) and to context discussion above

13. *If you do think there has been an inconsistent application of alcohol and other drug policy in New Zealand, do you think it has influenced the amount of harm that users or the people around them have suffered?*

As already discussed there has been inconsistent application of alcohol policies for many years. This is simply because of the number of agencies that, separately, are engaged in alcohol harm reduction activities. Since these activities are mostly taking place in isolation then they will not have been applied in an integrated – and therefore more effective/efficient - manner.

14. *In what circumstances should local bodies be able to decide how the National Drug Policy is implemented in their district?*

We do not believe this would be ideal or necessary should government properly deliver an integrated approach to harm minimisation. Additionally the Sale and Supply of Alcohol Act 2012 has already given Local Authorities considerable scope to influence the sale of alcohol through the development of Local Alcohol Policies.

15. *For which issues or approaches should the National Drug Policy be consistent across the country?*

See discussion above. It is our belief that a nationally applied consistent set of interventions is critical to the success of any programme(s) focussed on harm minimisation.

16. *Are there any particular substances or classes of drugs that you think will be a concern in the future?*

N/A

17. *Are there any society-wide trends and pressures that you think will be a concern in the future?*

Another large question. As a guide we refer the Ministry to the International Centre for Alcohol Policies website and, in particular, to this organisation's 'Blue Book' (<http://www.icap.org/PolicyTools/ICAPBlueBook/tabid/90/Default.aspx>) which develops an evidenced-based approach to alcohol policy development including taking into account societal trends.

From a New Zealand perspective we would also refer the Ministry to the social norm research carried out through the *Cheers!* programme. This research attempts to better understand the social norms across defined cohorts that are contributing to harmful drinking behaviours.

As already stated *Cheers!* would be only too happy to share this research with the Ministry.

18. *Are we doing the right things to prepare for and respond to these concerns?*

No.

19. *How many years should the next National Drug Policy be in effect for?*

Assuming that the policy will be a 'living' document it needs to stay in place for as long as is necessary to modify harmful drinking behaviours.