26 August 2019

Ms Claire Hofer
Advertising Standards Authority
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By email: claire@asa.co.nz

Tēnā koe

Re: Consultation – Advertising Standards Authority DRAFT Alcohol Advertising and Promotion Code

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) values the opportunity to provide comment on the Advertising Standards Authority DRAFT Alcohol Advertising and Promotion Code (the ASA DRAFT). Our response has been informed by the RANZCP New Zealand National Committee – Tu Te Akaaka Roa, Te Kaunihera, and the New Zealand Faculties of: Addiction Psychiatry, Child and Adolescent Psychiatry, Consultant Liaison Psychiatry, Forensic Psychiatry, Psychiatry of Old Age.

The position of the RANZCP

Firmly grounded in evidence that mental health is negatively influenced by excessive use of alcohol, The RANZCP does not support the ASA DRAFT Alcohol Advertising and Promotion Code. Kahore te iwi Maori kei tautoko i roto i enei korero.

We consider:

- the advertising and promotion of alcohol:
  - validates and reinforces a culture of hazardous drinking
  - perpetuates increases in alcohol misuse and harm (RACP/RANZCP, 2016).
- the systematic and aggressive marketing of alcohol by the alcohol industry has reinforced an excessive and pervasive drinking culture (RANZCP, 2016).

These practices result in an unacceptable level of alcohol-related harm in New Zealand.

The RANZCP supports:

- recommendations by the Law Commission Commissioners in their Report on the Review of the Regulatory Framework for the Sale and Supply of Liquor (Law Commission, 2010), to restrict alcohol advertising, due to its influence in increasing risky consumption and its associated harms.
- the development of alcohol policy based on evidence-based policies to inform effective treatment strategies (RANZCP, 2016).
- early and ongoing involvement of Māori in the development of alcohol-related policy and standards.
the Law Commission’s view that it is unlikely that a self-regulatory regime would result in sufficient restrictions of either advertising content or placement to achieve the Government’s stated goals (Law Commission, 2010).

- investment targeting nationally consistent data collection to:
  - build a New Zealand evidence-base of relevant information,
  - evaluate changes or interventions,
  - inform a reduction in alcohol misuse and harm, including harm to others.

**Mental Health and Addiction**

Addictions and harmful use of substances, including alcohol, are causes of significant morbidity and mortality, with associated impairment and other psychosocial consequences for individuals and their whānau, as well as their wider communities. In addition, ongoing public stigma and sustained exclusion add to the impairments experienced by those who are at risk (RANZCP, 2016, RACP & RANZCP, 2016).

The combination of alcohol misuse and depression significantly increases suicidal behaviour and suicide (Sher, 2006; Hufford, 2001; New Zealand Law Commission, 2009). Alcohol use disorders may also be associated with other psychiatric conditions including psychosis, personality disorders, eating disorders and somatoform disorders (Gordon, 2008). People with pre-existing mental health conditions are more likely to use alcohol (Kessler et al., 1997). Thus, alcohol use disorders and alcohol dependence contribute significantly to the burden of mental illness.

Overconsumption of alcohol also leads to far-reaching societal costs and indirect harms to others (Connor and Caswell, 2012). This includes harm to family members including children, to friends and work colleagues, and to the society in general. Many of these social consequences can result in affront, violence or injury to others.

A New Zealand-based study found that the prevalence of such harms to others can be higher than the harms to the individual from their own drinking (Connor and Caswell, 2012).

There are considerable tangible and intangible costs to the community resulting from alcohol misuse including, the impact of crime, violence, treatment costs, loss of productivity, absenteeism and premature death or disability (Collins, 2008). Costs are estimated at approximately $5.3 billion per year in New Zealand (Slack, 2009). In particular, we are concerned about the impact on young people with co-existing mental health issues and alcohol misuse who are more likely to exhibit risky behaviours, experience complex mental health problems and suffer further harms, including self-harm, relative to their cohort who do not use alcohol (RANZCP, 2016).

**Advertising, marketing and the alcohol industry**

In Principle 1: Social Responsibility: the ASA presents Rule 1 (a) Targeting Adults. Page 2 of the consultation document states there is a particular emphasis on ‘protecting children and young people and other vulnerable populations.’ The RANZCP considers these statements to be incongruous and contradictory.

- Within adult populations there are numerous vulnerable sub-groups.
- Māori children are exposed to alcohol marketing more than 5 times as often (20-25x) as NZ European children (4-5x a day) (Chambers, 2018).
The NZ population of adults is not homogenous. Many adults are vulnerable, including:

- people suffering from mental health issues (as above) and substance misuse/addiction disorders,
- intellectually disabled adults,
- people with anger management issues,
- those especially at risk of dementia or other neuropsychiatric conditions
- women - who may or may not know they are pregnant - whose drinking puts their children at risk of foetal alcohol effects.

Self-regulation

The RANZCP considers that the Advertising Standards Authority (ASA) system of self-regulation for alcohol advertising and marketing through its codes of practice and complaints process, does not deliver the original intent of upholding social responsibility embodied in the Principles (RACP & RANZCP, 2016).

We hold that advertising, promoting and marketing alcohol normalises the product. These views are supported by consumers and the community, for example:

‘Litmus analysis revealed 2,281 out of 2,939 submissions commented on the range of policy options presented on alcohol advertising and marketing: of the 2,281, 86% supported banning or restricting all advertising of all alcohol in all media.’

(New Zealand Law Commission, 2010 pg 50)

‘... the public concern tended to focus on the glamorisation of alcohol through advertising and the extent to which advertising helped shape a culture where drinking was seen to be the key to social and sexual success. Young adults taking part in the consultation were particularly incredulous when informed the current voluntary codes supposedly ban advertisements that have these effects: “Advertising makes drinking look flash. Tui ads create fantasy and appeals to the younger generation in particular.”

(New Zealand Law Commission, 2010 pg 49)

We view self-regulation in the context of alcohol advertising as:

- an ineffective driver of change toward good practice (e.g., Babor, 2010; New Zealand Law Commission, 2010).
- inconsistent with the goals of the New Zealand Government.

The objectives of the National Drug Policy include ‘to prevent or delay the uptake of tobacco, alcohol, illegal and other drug use, particularly in Māori, Pacific peoples and young people’ and ‘to reduce harm to individuals, families and communities from the risky consumption of alcohol’ (National Drug Policy), while the Code for Advertising Liquor administered by the ASA aims to ensure that liquor advertising is conducted, ‘in a manner that neither conflicts with nor detracts from the need for responsibility and moderation in liquor merchandising and consumption, and which does not encourage consumption by minors’.

The RANZCP considers self-regulation based on standards, interpretation and the ASA process:
advantages the economic interests of industry groups
does not support wider public health issues such as alcohol harm

In conclusion – reducing alcohol harm

The RANZCP supports the removal of alcohol advertising and promotion in New Zealand. We advocate for a reduction in consumption of alcohol and a change in the culture of drinking to reduce alcohol harm and consider controlling alcohol advertising is an important step in achieving this (RACP & RANZCP, 2016).

We also support the New Zealand Law Commission recommendation (New Zealand Law Commission, 2010) that the Sale of Liquor Act 1989 be repealed and replaced by a new Act called the Alcohol Harm Reduction Act. This would recognise the need for an increase in the availability and range of treatment services for those with problems associated with alcohol misuse and harm.

Finally, we look forward to being involved in continuing sector discussion on the issues raised in the consultation document.

The National Manager, New Zealand, Ms Rosemary Matthews who supports the New Zealand based Committees will be in contact with you shortly to arrange a meeting. In the meantime, if you require further information please contact Rosemary on 04 4727 265 or by email rosemary.matthews@ranzcp.org.

Ngā mihi nui

[Signatures]

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RANZCP to ASA: DRAFT Alcohol Advertising and Promotion Code

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References


2. Chambers, T et al (2018) Children's home and school neighbourhood exposure to alcohol marketing: Using wearable camera and GPS data to directly examine the link between retailer availability and visual exposure to marketing. Health & Place Volume 54, Available at: https://doi.org/10.1016/j.healthplace.2018.09.012


