

PLEASURE, PROFIT AND PAIN

Alcohol in New Zealand and the
Contemporary Culture of Intoxication



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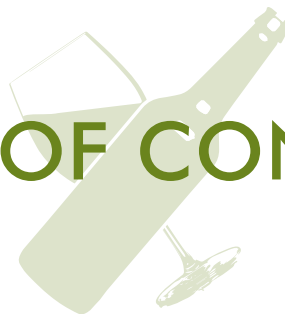
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INTRODUCTION

Alcohol arrived in New Zealand with the first European explorers and since that time it has remained an integral feature of our national culture. For many New Zealanders alcohol is a source of abundant pleasure, for some, an opportunity to profit, and for others a cause of tremendous pain.

This book details the rich, complex and often contested role of alcohol in New Zealand society. It identifies the three fundamental *alcohol rights* that have perpetually fought for dominance of the national drinking culture: the rights of individual drinkers to enjoy the pleasures of alcohol, the rights of society to protect itself from the harms of alcohol, and the rights of the alcohol industry to profit from the sale of a legal commodity.

The story begins in 1800s New Zealand, where alcohol, often of dubious quality, was freely available and intoxication was common amongst some members of the European and Māori populations. In response to problems associated with alcohol, a temperance movement was formed and for over fifty years this social movement actively fought for the rights of society to be protected from alcohol-related harm.

From the mid-1900s, the story becomes one of increasing liberalisation, not simply of our liquor laws, but also of our attitudes to drinking. These developments occurred during a period of tremendous social and economic change. While the alcohol industry had always been an influential lobby group, the opportunities created by the widespread economic, social and political reforms of the late twentieth century further privileged the rights of business to sell and promote alcohol, and the rights of individual drinkers to access and consume alcohol when and wherever they wished. The pinnacle of this liberalisation was the passing of the 1989 Sale of Liquor Act and its 1999

Amendments.ⁱ

Today, alcohol is available for sale in grocery stores, supermarkets and numerous suburban bottle-store outlets; alongside pubs, bars, cafes and restaurants. Alcohol is promoted in print, radio, television, billboard and electronic media, and through sponsorship contracts with a vast range of sporting, concert and lifestyle teams/events. Never before has New Zealand society been so saturated with alcohol outlets and alcohol promotion. The production, sale, supply and marketing of alcohol is today estimated to be a \$4-5 billion dollar market.

Alongside the personal and social pleasures of alcohol consumption, the history of our drinking culture is also a story of high levels of intoxication amongst a significant minority of drinkers. Historically, most of our intoxicated drinkers were adult males and drinking was typically separated from family, food and entertainment. With the sweeping social changes of the 1960s and 1970s, women and later young people, increasingly engaged with alcohol. A growing proportion of these groups have since joined men in a culture of intoxication, or binge drinking culture as it is often termed. New Zealand is not alone however in having a culture of intoxication, as similar alcohol consumption patterns have emerged in many other developed nations. This book identifies the local and the global influences that have affected New Zealand society (and much of the rest of the world) since the late 1900s and details how these influences have sustained the contemporary culture of intoxication.

While it would be unfair to imply that alcohol

ⁱ The New Zealand Law Commission in a 2010 report described this period of liquor legislation development as the “unbridled commercialisation of alcohol”.

is the cause of all New Zealand's social problems, there is strong evidence to argue that it is, in many instances, a significant contributing factor. Police data show that alcohol use is involved in one-half of homicides, one-third of family violence, one-third of violent crime, one-third of road fatalities and one-fifth of (recorded) sexual offences. Health figures reveal that alcohol contributes directly to over 60 different diseases and cancers, and is attributable to 800 premature deaths annually. Sir Geoffery Palmer, past President of the New Zealand Law Commission and principle author of the landmark report *Alcohol In Our Lives* summarised the impact of alcohol in New Zealand society noting:

“Indeed, the cost that the excessive use of alcohol imposes on society through law and order costs, health costs, accident compensation costs and individual harm costs are high. Not everyone drinks in a manner that is harmful. But the consequences of harmful drinking affect us all”.¹

When Sir Geoffery made this comment in 2009, he was preparing the nation to engage in the Alcohol Reform Bill debate that would occur between 2010 and 2012. It is probable that most New Zealanders were not surprised to hear Sir Geoffery comment that the nation's drinking culture affected all of us and that a reduction in our national rate of alcohol misuse had the potential to improve everyone's lives, drinkers and non-drinkers alike. It is also conceivable that many New Zealanders agreed it would be a positive development if we could reduce incidents of alcohol misuse. What subsequently may have surprised many was the bitter debate that would ensue regarding *how* we should go about changing the national drinking culture. This book details why, as a nation, we were so divided on this issue.

The use or misuse of alcohol is a contentious issue, characterised by debate, strident rhetoric

and much conflict. It is vital therefore that our understandings are based upon the best available evidence. In the twenty-first century, we are fortunate to have an increasingly sophisticated array of research data tracking changes in our national drinking patterns and identifying which alcohol-related interventions are most likely to support a more moderate national drinking culture. For this reason, a liberal supply of endnotes has been inserted throughout this book to reference the very best national and international alcohol research findings. While this approach can, at times, make reading a little more difficult, we hope that it will provide an overview of the most relevant research and help dispel prevailing alcohol-related myths.

It is important to note that this book features the experiences of New Zealanders as a broad population, rather than focusing on specific ethnic, regional and class differences. Topics not fully detailed (as they would warrant a book in themselves) include the stories of alcohol and Māori, and alcohol and Pacifica peoples. Readers interested in these issues can refer to other publications specialising in these topics.

Finally, this book will propose that to implement effective change to our national drinking culture, the rights of the alcohol industry and of individual drinkers will need to be pulled back from the liberal excesses that the 1980s and 1990s provided. The rights of society to protect itself from alcohol-related harm will again need to be upheld for the good of all. In the 2000s, this position is strongly supported by a growing number of public health organisations, advocacy groups and concerned citizens.

It is our hope that this book will illuminate your understanding of the myriad of influences that have shaped our national drinking culture and the complex challenges we, as a society, face in endeavouring to balance the pleasure, profit and pain of alcohol.

**ALCOHOL
IN
NEW ZEALAND**



Figure 1. George Dyer's, Otira Hotel, 1887. Photograph by A. Jackson (Alexander Turnbull Library, Ref: PA1-f-010-05-2).



Figure 2. Picnic, Lowry Bay, Wellington, 1896. Photograph H. Petersen Album (Alexander Turnbull Library, Ref: 1/2-052226-F).

1. GROG, GOD AND POLITICS – CONFLICTED BEGINNINGS



“Very little of the present can be understood without recourse to the past.... If that is true of most subjects, then it is doubly true of liquor legislation. The legislative history of our present law is very much a product of the necessities of fortune, the changing climate of opinion, social pressures, changing incomes and lifestyles. In fact the history of our liquor laws... represents a microcosm of New Zealand social history as a whole”.

(Submission to the 1974 Royal Commission on Alcohol)²

The first legislation enacted to restrict the supply of alcohol in New Zealand was passed in 1842 and since that time there have been six Parliamentary Committees and two Royal Commissions convened to review the production, sale, consumption and effects of alcohol in New Zealand society.³ During this period alcohol has remained a popular, though often controversial, feature of New Zealand life.ⁱⁱ

COLONIAL SETTLEMENTS

During the 1800s as colonial settlements expanded throughout the country, hotels - frequently referred to as grog shops - were often among the first buildings to be erected. As James McNeish observed:

“Our inns have had a varied career.... They arrived first – before houses, before churches, before banks – and from earliest days as grog shops round the coasts they have fed, bedded and even wedded the population under a multitude of guises.... As the people spread, they spread”.⁴

The tone of the early hotels and the communities they served was by no means salubrious. Kororaraka (Russell) in the Bay of Islands was New

Zealand’s first major trading centre and by 1883 the town contained 20 hotels and had developed a reputation for lawless and drunken behaviour. It was, however, far from exceptional, with many fledgling settlements associated with excessive alcohol use. Amongst these was Wellington, a town whose reputation prompted a temperance campaigner in 1842 to note:

“What a wicked place this is. O how sin does here abound. The swereing [sic], Sabbath breaking, drunkenness and whore-mongering is most awful”.⁵

The high rates of alcohol misuse during the 1800s were, in part, the result of large numbers of single men travelling the countryside in search of work. Many of these frontier men would spend long periods of time in remote areas and then travel into settlements for rest and recreation. The local hotel was a central feature of their social activity – a place of company, warmth and entertainment. Indeed, Jock Phillips has remarked that the hotel was the main social institution for colonial male culture and that drinking often “defined the bounds of the male community”.⁶ The attraction of these establishments was, of course, relative to the privations of life in the gold or gum fields, the bush or the farm, such that simply having a roof might have been regarded as comfort (Figure 3).

Official records show that the national conviction rate for public drunkenness reached a peak in 1870, with 16.7 convictions per 1,000

ii The historical account presented in this section draws primarily on the work of earlier New Zealand authors conversant with the topic including James McNeish (*Tavern in the Town*, 1957), Conrad Bollinger (*Grog’s Own Country*, 1967), Gordon McLauchlan (*The Passionless People*, 1976), Jock Phillips (*A Man’s Country*, 1987) and Graham Hutchins (*Your Shout*, 2009), along with numerous reports and academic papers.

individuals.⁷ During this period intoxication was viewed by many in the community as a serious social issue. In an effort to reduce levels of consumption and associated harms, 49 alcohol-related Acts of Parliament or Provincial Ordinances were passed between 1842 and 1881.⁸ Figure 4 features a 1860s hotel advertisement addressing the issue of intoxication by advising prospective patrons to “go somewhere else” if they intend to get drunk.

The popularity and importance of the hotel was demonstrated in the settlement of Thames during the late 1800s. Thames was the centre of a gold rush and grew to become one of New Zealand’s largest towns with a population of 18,000 residents. To meet the needs of the many miners and allied workers employed within the region, over 100 hotels were built - one hotel for every 180 Thames residents (Figure 5).

Distilled spirits and beer were the drinks of choice amongst the male drinkers of the period.⁹ The particularly damaging effects associated with spirit use, along with the relative ease with which spirits could be distilled, caused much official concern. One of the earliest acts of New Zealand’s first Governor-General William Hobson and his Legislative Council was to pass the Licensing Ordinance of 1842. This law prohibited the local distilling of spirits on the grounds that these products were the cause of much ill-health and drunkenness.



Figure 3. Diggers hut, Westport, 1880s. Photograph F. Dyson collection (Alexander Turnbull Library, Ref: PAColl-4346-1-4).

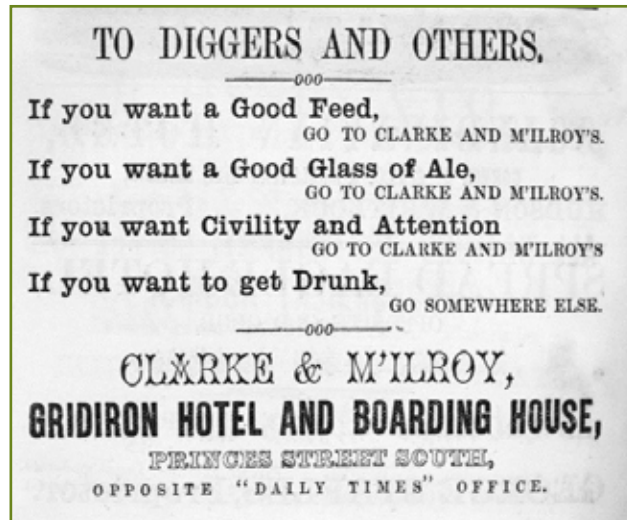


Figure 4. Gridiron Hotel and Boarding House notice, Dunedin, 1860s. Photograph Harnett & Company (Alexander Turnbull Library, Ref: PUBL-0207-044-2.).

Although the concerns about health and intoxication were well founded, the new law also allowed the fledging colony to collect custom duties on imported spirit products. Conveniently for the authorities, it was much easier to collect taxes on imported goods than on the output of the local producers. In response to the new legislation numerous illegal moonshine distilleries moved into the backblocks of the country (Figure 6).

It is not the case, of course, that all New Zealanders were drinking excessively. Many drinkers, particularly those with permanent employment, families, church networks and/or community responsibilities, were just as likely to consume moderate amounts of alcohol. There was also a growing number of New Zealanders who held strong views supporting the virtues of abstinence, as historian Greg Ryan has commented:

“[while the] evidence of drink-induced financial, physical and psychological damage is substantial and inescapable.... we [also] need to distinguish between those who drank to excess, those who drank in calm moderation, and those who abstained”.¹⁰

RISE OF THE TEMPERANCE ALLIANCE

During the second half of the 1800s increasing numbers of European women began to arrive in New Zealand and family groups started to settle in town centres and rural communities. Schools and churches were built, and a merchant and professional class grew to service the developing economy. Many of these new members of New Zealand society had emigrated from the United Kingdom where the temperance movement had been a dominant social force. As a growing unrest with public drunkenness mounted, regional temperance groups were formed, often led by Presbyterian and Methodist church elders. The campaign against alcoholic drink would grow to become one of New Zealand's the most powerful and sustained public movements.

As temperance organisations increased in number and in strength, one of their first initiatives was to exert political pressure on members of parliament to curb the burgeoning number of licensed premises within their local communities. The eventual response from central government was the passing of the 1881 Licensing Act, which declared that no new liquor licences could be issued without a poll of the local ratepayers. This legislation effectively gave licensing power to local communities (an issue that has again become topical in the 2010s).

The 1881 Act was a significant victory for the temperance organisations and subsequently led, in 1886, to the establishment of a national organisation to represent their combined interests: the New Zealand Alliance for Suppression and Abolition of the Liquor Traffic (known as the *Alliance*). The aim of the Alliance was to secure, for the people, the right to decide by referendum whether the trade in alcohol was to continue; and at the same time to educate and encourage voters to make the *right choice*. The Alliance produced



Figure 5. The Brian Boru Hotel, Thames, 1910. Photograph James McNeish (Alexander Turnbull Library, Ref: 1/2-008581-F).

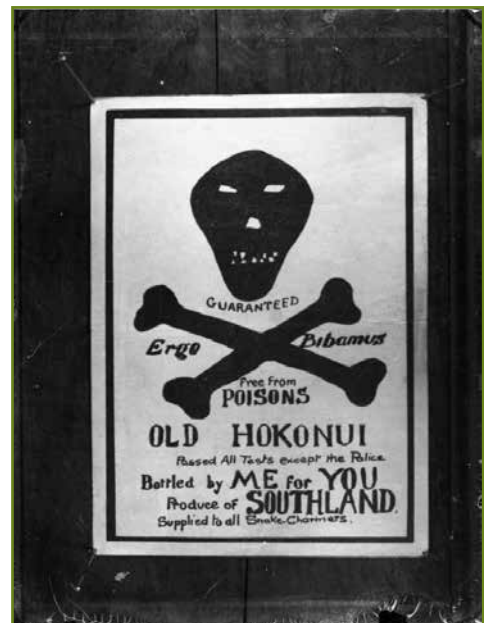


Figure 6. Label from a bottle of Old Hokonui moonshine (illicit whisky), Southland, 1800s. Photograph by Albert Goder (Alexander Turnbull Library, Ref: APG-1473-1/4-G).

educational materials, coordinated campaigns and mobilised voters.

The Alliance drew its membership from three main sources: Christian church members who often viewed drunkenness as a sin, humanitarians concerned about the harm alcohol was having upon working-class European and Maori communities, and female members of the burgeoning women's movement who wished to protect the home and family from alcohol abuse. The organisation relentlessly argued that alcohol was the cause of much social instability, neglect of families, ill



Figure 7. Temperance Ladies Brass Band, possibly in the Auckland area, 1910s. Photograph William Price (Alexander Turnbull Library, Ref: 1/2-000336-G).

health, poverty and immorality. The Alliance was also regularly supported by visiting international temperance/prohibition speakers - typically from the United Kingdom or the U.S.A - who would undertake high profile lecture tours publicising the evils of alcohol. The key protagonists feature in this 1800s cartoon (Figure 8), showing an Alliance campaigner with the ribbons of “gospel”

and “temperance” hanging from his jacket pocket, in dispute with an alcohol industry representative pushing a barrel of beer.

By 1893, the Alliance’s lobbying of the Seddon government led to the establishment of a *local option* poll (officially the Alcoholic Liquor Sale Control Act), undertaken triennially with parliamentary elections. The poll allowed district electorates to vote for one of three regional options: *no-licences*, the prohibition of alcohol within the electorate; *reduction*, a reduction in the number of licences within the electorate; and *continuance*, a continuation of the status quo.

In 1895, Clutha became the first electorate to carry a vote of no-licence, and by 1910, 12 of the 76 European electorates had voted to go dry. Many other electorates carried votes for a reduction in licences. Nationally, the effect of the local option poll was that the number of liquor licences decreased substantially, from over 1,700 in 1894 to 1,250 in 1910.

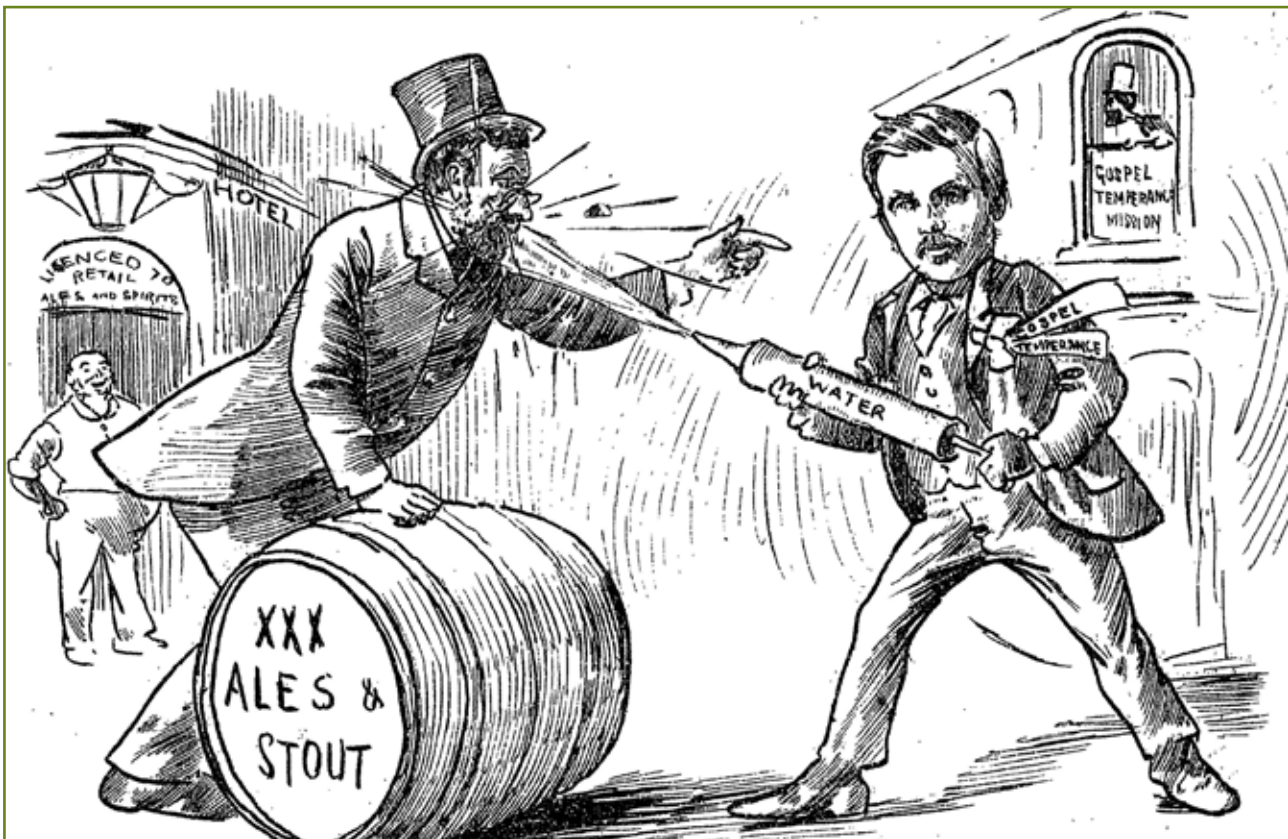


Figure 8. Cartoon depicting the fight between the Alliance movement and the liquor industry, 1891. Published by the Observer (Alexander Turnbull Library, <http://natlib.govt.nz/records/4386462>).

While never adopted nationally, the effects of the regional prohibition option persisted for many decades and it was not until 1999 that the final three dry districts – Eden, Tawa, and Roskill – voted to allow licensed premises back into their electorates. Trevor Lloyd sums it up in an early 1900s cartoon (Figure 9) featuring a pack of dogs representing prohibitionist electorates (the Eden electorate dog is encased in a water pump), chasing a rabbit encased in a beer barrel and representing alcohol, into a continuance hole.

The local option poll was not the first prohibition legislation in New Zealand, however. Concerns about the unscrupulous use of alcohol in land dealings with Māori led to the 1847 Sale of Spirits to Natives Ordinance, which prohibited the sale of liquor to Māori in most parts of the country. Conrad Bollinger noted that in spite of the 1847 law, alcohol continued to be sold to Māori with distressing effects. Seeking to eliminate the source of the social and physical devastation they were witnessing, Waikato Māori chiefs in 1856 petitioned Governor Thomas Browne to:

“cause to be removed from us this death of misery, that is to say, the spirits.... Let this drink be done away with”.¹¹

Other Māori iwi acted on similar concerns. During the 1880s, the North Island main trunk railway line was under construction and King Country Māori negotiated what became known as a *sacred pact* with the Crown. In compensation for the right for the railway line to pass through their area, the Government agreed that no liquor licences would be granted within the King Country region – and this arrangement remained in place until 1954. Not surprisingly, some Māori and Europeans living within the King Country failed to appreciate this arrangement, and consequently a thriving trade in illegal alcohol sales arose within the region.

Christian missionaries recognised the substantial harm alcohol was inflicting upon some



Figure 9. Local Option Poll cartoon, 1910s. Cartoon by Trevor Lloyd (Alexander Turnbull Library, Ref: C-109-008).

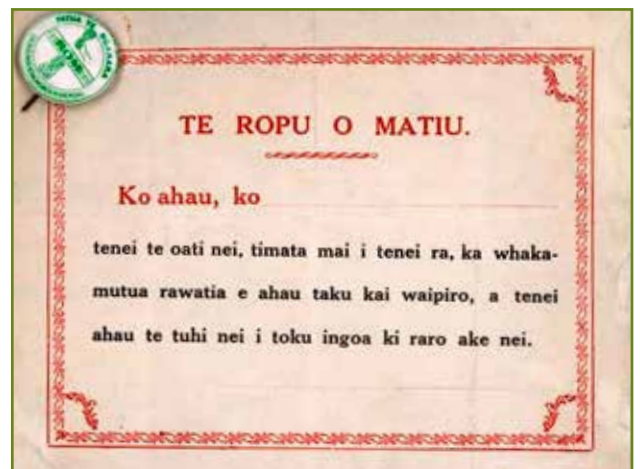


Figure 10. Māori Abstinence Pledge, 1930s. Fellowship of St Matthew, Wellington (Alexander Turnbull Library, Ref: Eph-A-ALCOHOL-Temperance-1939-01).

Māori communities and preached the merits of abstinence. To help achieve this goal, many church groups encouraged individuals, both Māori and European, to sign pledges committing themselves to abstinence, such as the one depicted in Figures 10. In this Māori language pledge produced by Te Ropu o Matiu, the Fellowship of St Matthew, in Wellington, the membership badge in the top left corner of the pledge displays the words ‘Patua te Ngarara’: ‘Fight the monster’.

Figure 11 features an English language pledge card created by the Wellington District Band of Hope Union, in which individuals pledge to “abstain from the use of all intoxicating liquor, as a beverage, and do all in my power, by example and effort, to lead others to do the same”.

NATIONAL PROHIBITION CAMPAIGN

By the beginning of the 1900s the pace of regional prohibition was progressing too slowly for the Alliance and a campaign was undertaken to lobby for a national referendum to vote on the option of national prohibition. Subsequently in 1910, the Liberal Government approved a referendum that allowed voters to choose between the options of national *prohibition* and national *continuance* (the status quo). In 1911, voters went to the polls and 55% of New Zealanders voted in favour of national prohibition – however, the liberal government had set a threshold of 60% to achieve a majority vote and the option of national continuance prevailed. In the follow-up 1914 referendum the prohibition option achieved 49% of the vote.

These referenda outcomes were a source of great frustration for the Alliance and the organisation consequently strengthened their lobbying of central government to reduce the majority threshold to 50%, while at the same time increasing their education campaigns publicising the dangers of alcohol use. Figure 12 features a 1911 Alliance poster asking voters to strike out the top line of the voting form in support of national prohibition.

In April 1919, a national prohibition referendum was again held and this time the Government - as a consequence of Alliance lobbying - reduced the majority threshold to 50%. When the first round of votes were counted the prohibition option had, just, surpassed the required 50% threshold; however, once the votes of the 40,000-plus Great War servicemen stationed overseas were subsequently included (the majority of whom had voted for continuance) the prohibition vote dropped to 49%. The Alliance had failed to secure the necessary 50% majority by 3,263 votes. The pivotal position of servicemen is aptly conveyed in this 1919 cartoon (Figure 13) in



Figure 11. Pledge card, 1930s. District Band of Hope Union, Wellington (Alexander Turnbull Library, Ref: Eph-A-ALCOHOL-Temperance-1930s-02).

which a round publican and thin church minister (both showing signs of having been in a fight) are kneeling in supplication at the feet of a soldier who has yet to submit his voting papers.

In December 1919, New Zealanders again had an opportunity to vote on the prohibition issue - this time as a component of a postponed general election. However, prior to the December poll, the William Massey Reform government had made two key decisions that would directly undermine the prohibition movement specifically and the Alliance organisation more generally. First, they abolished the 1893 local option poll, which eliminated the authority of the local provinces to impose regional prohibition or to regulate the density of liquor outlets within their area. Second, a third voting option of *state purchase and control* (the nationalisation of alcohol production and supply) was added to the prohibition referendum, to sit alongside the two original options of *prohibition* and *continuance*.

At the December 1919 poll the prohibition option achieved 49% of the vote, continuance 45% and state purchase and control 6%. The decision to split the referendum vote three-ways, undermined the ability of the Alliance to achieve the 50% threshold. Figure 14 features an Alliance

poster asking voters to support prohibition by striking out the two top lines of the voting paper. Interestingly, a vote for national continuance is associated with “vice and waste” and a vote for state purchase and control is associated with “the production of crime”.

In the following years, each election and its accompanying referendum showed a gradual decline in support for prohibition: 48% of the vote in 1922, 47% in 1925, 40% in 1928 and in 1935, just 29% of the vote. By the 1930s, the Alliance was losing its sway over the New Zealand public, but it is perhaps a testament to the effectiveness and original strength of the movement that the national referendum poll itself survived until 1989. By the time of its decline, the Alliance had achieved a wide range of victories, including the prohibition of Sunday trading in 1881; the reduction of evening drinking hours from midnight to 11.00 p.m. in 1893; and a further reduction to 10.00 p.m. and the increase

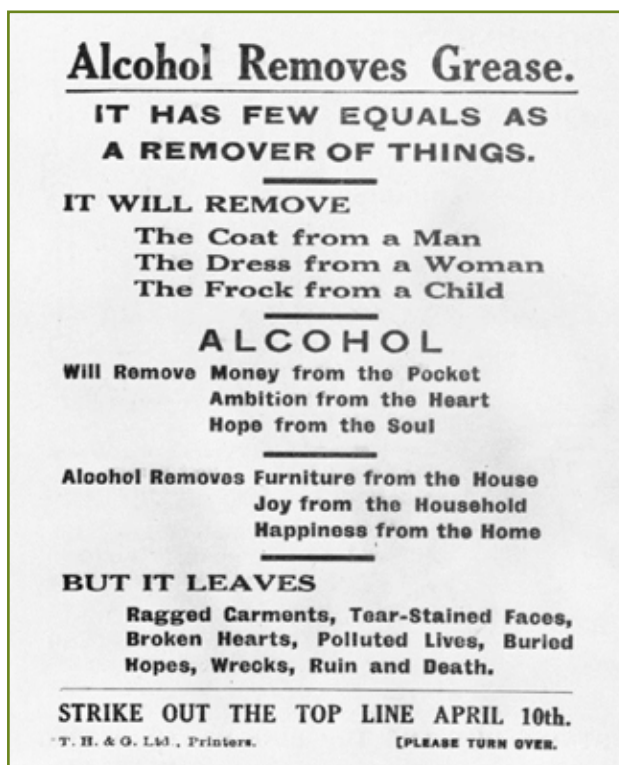


Figure 12. Prohibition Poster, 1911. Alliance (Alexander Turnbull Library, Ref: Eph-A-ALCOHOL-Prohibition-1919-01-verso).



Figure 13. Cartoon depicting the battle to secure the servicemen’s vote. 1919. Cartoon by Thomas Glover, New Zealand Truth newspaper (Alexander Turnbull Library, Ref: Ref: A-313-3-029).

of the minimum alcohol purchasing age from 18 to 21 years in 1910.

In 1910, the Alliance also successfully lobbied for parliament to make the employment of women in bars illegal – except for members of the licensee’s family and barmaids who had been employed during the year prior to the 1910 Act being passed. As a result, female alcohol-hospitality staff became increasingly rare in New Zealand bars until the Act was finally repealed in 1961. Bollinger has noted that:

“The theory of the pressure groups that panicked this measure through Parliament seems to have been that liquor-bars were no places for women, and that the presence of women in them would be an additional allurements to virtuous young men who might otherwise keep out of them... [and] the replacement of barmaids by barmen did, however, do much to help keep alive the coarse atmosphere of the pioneer grog shops, which involved a large amount of uninhibited swilling highly gratifying to the trade”.¹²

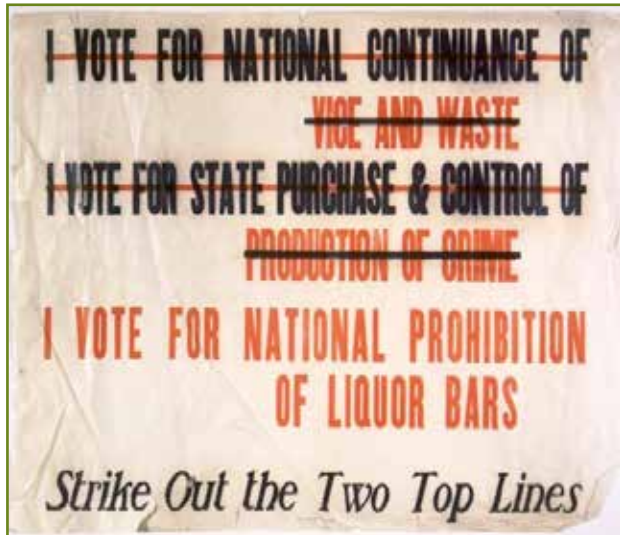


Figure 14. Prohibition Poster, 1920s. Alliance , Wright & Carman Ltd (Alexander Turnbull Library, Ref: Eph-D-ALCOHOL-Prohibition-01).

Another noteworthy Act of Parliament was introduced in 1916, as a component of a War Regulation Amendment. This legislation prohibited drinkers from *shouting* a round of free drinks within a licenced premise. In Parliament R. P. Hudson, M.P. for Motueka, introduced the new legislation commenting:

There is not one man in a hundred, possibly not one in a thousand, who will go deliberately into a hotel and get drunk in cold blood. It is good fellowship, especially amongst soldiers, because they come down with a lot of friends, and there is plenty of temptation and excuse for them. When half a dozen men go for a drink it seems to be a sort of custom that out of companionship and good fellowship they must all 'shout' in turn, and so they have half a dozen drinks each.¹³

In spite of Mr Hudson and his parliamentary colleagues' best intentions, the 1916 Act proved to be an unpopular and generally unenforceable piece of legislation – and over time it was subsequently ignored by patrons, publicans and the police alike. Although not before a Northland gentleman by the name of Mr John Hicks was fined “five pounds and costs” in a Whangarei court for walking into

the local hotel and “offering to treat two other men [his friends] to alcoholic liquor”.¹⁴

Arguably the most influential effect of the Alliance on our national drinking culture was the decision by the Massey government in 1917 to institute a six o'clock closing time for the sale of alcohol. But before we enter into that chapter of the New Zealand alcohol story, we first need to become familiar with the elements of 19th century alcohol industry that came together to fight the Alliance.

ALCOHOL INDUSTRY RESPONSE

In 1893, hoteliers concerned about the growing influence of the Alliance movement formed the New Zealand Licensed Victuallers' Association, with the objective of protecting their right to trade in alcohol. Subsequently, the hoteliers joined with alcohol producers and various merchants to form the National Council of the Licensed Trade (known as the *National Council*) to represent their mutual interests.

The National Council became the foremost lobby group for the alcohol industry. It organised media campaigns to counteract the Alliance, lobbied elected officials and ensured that the economic value of the liquor industry – in generating employment and government revenue through duties and taxes - remained apparent to politicians and the public at large. Figure 15 shows a National Council campaign poster detailing the financial benefits to the country from tourism and urging voters to “vote continuance” to ensure that the prohibition-option did not undermine this developing industry.

The National Council also lobbied strongly for the rights of the individual drinker – contending that the implementation of prohibition would be a violation of civil liberties. In its advertising campaigns, the Council regularly portrayed Alliance members as joyless *wowers*, intent on removing the working

man's right to drink. In another National Council campaign poster (Figure 16) the prohibitionist *wouser* is portrayed as wanting to remove the Sunday pleasures of the "liberty-loving citizen" and voters are again asked to strike out "the bottom line" in support of continuance.

The National Council was generously funded and a principle source of revenue was the Trade Defence Fund – a resource financed by a voluntary tax on alcohol producers themselves. Bollinger later argued at some length that the Trade Defence Fund was used not only to fund campaigns to oppose the Alliance but also to cultivate political support for the National Council's aims.¹⁵ He quotes a member of parliament (clearly not sympathetic to the National Council), who commented "that [Trade Defence] fund... constituted the greatest corrupting influence there was in the public life of the Dominion".¹⁶

In 1945, the Labour Government initiated a Royal Commission of Inquiry to review the nation's liquor laws. The Royal Commission signalled its concern about the political influence of the liquor industry by announcing its intention to investigate contributions made by hotel and brewery companies to the funds of political parties. The licensed trade took offence to this initiative and argued to the New Zealand Court of Appeal that the investigation was outside the brief of the Commission's Inquiry. Although the Court of Appeal ultimately upheld the liquor industry's position, the Royal Commission was still able to gather evidence on the National Council's Trade Fund and reported that the lowest estimate of income for the fund for the year 1945 was £40,000 (the Reserve Bank's online 'inflation calculator' values the £40,000 to be worth over three million dollars today).¹⁷ The Commission also reported that it was difficult to check the exact income and usage of the fund as "no explanation of its disbursements is rendered to those who contribute to it".¹⁸

It is interesting to note that the National



Figure 15. Continuance poster, 1930s. National Council (Alexander Turnbull Library, Ref: Eph-F-ALCOHOL-Continuance-1938-01-06).

Council also recognised the growing role of female voters during the early 1900s. Indeed, they appealed to the power of women in a poster proposing that if women voted for national prohibition they would "confess their lack of influence", whereas if they voted for national continuance they would be demonstrating that they were asserting their guidance over "their own household, and over the hearts and minds of their men folk" (Figure 17).

The consequences of having both the National Council and the Alliance undertaking vigorous lobbying campaigns during the early 1900s, was a polarisation of public and Parliamentary opinion. No political party could safely advocate a policy on alcohol, as a substantial proportion of the population would strongly oppose it. The implementation and continuation of the six o'clock closing time would prove to be a prime example of this stalemate.

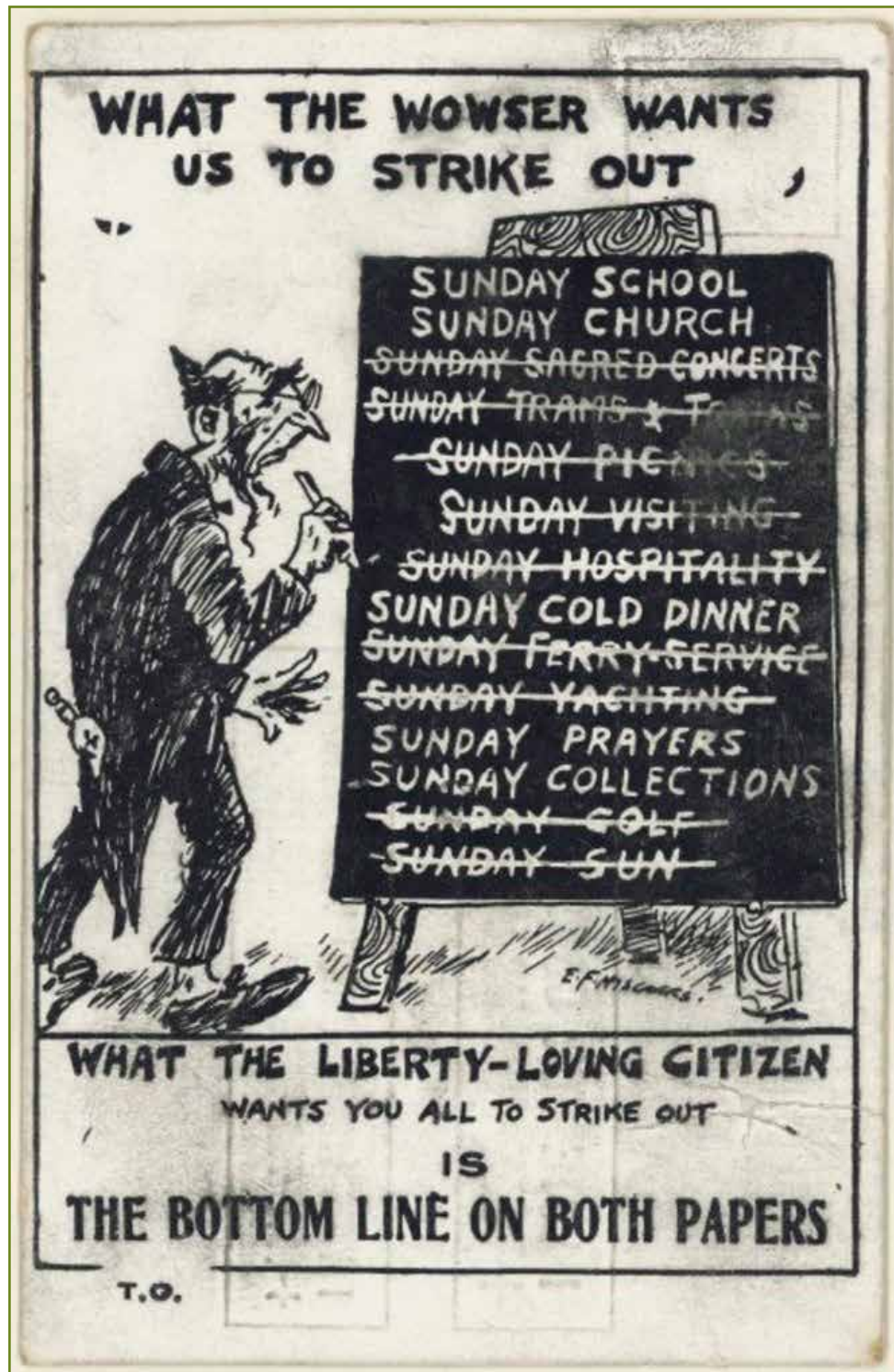


Figure 16. Continuance postcard, 1911. National Council, by E Hiscocks, (Alexander Turnbull Library, Ref: PUBL-0220-4).

elections of Nov. 1911

Women Voting Restrictive Laws

such as **NO-LICENSE** or **DOMINION PROHIBITION** surely stultify themselves and give away not only their liberty of action but practically admit, that, unlike the women of any other country, the wives and mothers and sisters in our fair Dominion

Confess their Lack of Influence

through affectionate control over their own household, and over the hearts and minds of their men folk.

ASSERT YOURSELVES

AND

STRIKE OUT THE BOTTOM LINES

THUS

I Vote for Continuance
~~I Vote for No License~~

I Vote against National Prohibition
~~I Vote for National Prohibition~~

Coulls, Culling & Co., Ltd., Wellington

Figure 17. Continuance poster, 1911. National Council, by Coulls, Culling & Company (Alexander Turnbull Library, Ref: Eph-B-ALCOHOL-Continuance-1911-01).

2. RISK AND REGULATIONS – A NATION GROWS UP

1917 SIX O’CLOCK SWILL

With the outbreak of the First World War, the Alliance and its supporters initially promoted national prohibition as a civic duty to support the war effort; however, after meeting with stiff public resistance, the movement decided to press for a compromise position in the form of reducing hotel opening hours from 10.00 p.m. to 6.00 p.m. In 1916, the Alliance collected 160,000 signatories petitioning the Government to impose the six o’clock closing time.

During this period the Government had formed an Efficiency Board to guide our domestic war effort. Following a recommendation from the Board and arguably to placate the Alliance movement, the Government passed the 1917 Sale of Liquor Restriction Act. The Act introduced six o’clock closing as a temporary war-time measure designed to increase the output of the war-time workforce. None-the-less, with on-going pressure from the Alliance movement, the Government eventually made the six o’clock closing time permanent. This feature of our national drinking culture would remain in force for fifty years and influence two generations of New Zealand drinkers.

Interestingly, the National Council specifically and the alcohol industry generally, did little to contest the introduction of the permanent six o’clock closing time; they appeared to recognise that it had the effect of removing urgency away from the prohibition movement. It also had other advantages.

The 1917 law change created the New Zealand tradition of the *six o’clock swill* as men crowded into bars at the end of the working day to consume as many drinks as possible before closing time. The six o’clock closing time was responsible not only for creating a culture of fast drinking behaviour



Figure 18. The six o’clock swill, Porirua Tavern, 1967. Photograph Evening Post, Wellington (Alexander Turnbull Library, Ref: PADL-000185).

amongst male drinkers, but also for promoting a culture of excessive alcohol serving practices in the hotel industry. Licensed premises – as profit-centred businesses – adjusted to the six o’clock closing time by endeavouring to sell as much alcohol as possible between the arrival of workers and the call for “last drinks”.

Many hotels removed traditional in-house furniture to accommodate extra drinkers and instituted hose-based beer-taps to speed up the dispensing of drinks. Over the next two decades the standard of many drinking establishments deteriorated and by time of the 1945 Royal Commission of Inquiry, frequent submissions were made to the Commission condemning the *vertical swill* bar that provided minimal bar tables, no seating and little in the way of food – blaming it jointly with six o’clock closing for much of the prevailing excessive drinking behaviour.¹⁹

Jock Phillips provides an enlightening account of his experiences of drinking in a hotel during this period:

“Physically, the scene was not very inviting. A pub dimly lit, the sunlight and outside world obscured by frosted windows, no chairs

and a carpet of dark brown, which served less as decoration than a great sponge of slops. The place had a rather nasty smell: part stale beer, part disinfectant, part urine, part fart.... As six o'clock approached the intensity of the experience would heighten. The room would seem more crowded and sweaty and smelly; each trip to the bar became a frantic struggle against pushing bodies and spilt beer, the barman's hose working virtually non-stop and the ring of the till constant. Voices would rise, the language became cruder, the drinking became fast and faster, more and more desperate, down the hatch, up to the bar, down the hatch, up to the bar, quicker, quicker – until finally the alarm would sound for six o'clock and we would all flow forth out of the pub door in an ejaculation of laughter and relief. The fresh air would hit you and you would suddenly realise, boy, am I pissed".²⁰

It was during the period of the six o'clock swill that beer became the dominant choice of drink for New Zealand males. During the late 1800s, beer brewing had been a distinctly regional activity, with local brewers supplying local hotels. Over time increasing numbers of brewers had established or purchased local hotels to ensure a reliable supply network for sale of their product. This practice became known as the *tied-house* system. An 1895 Act of Parliament endeavoured to make the tied-house system illegal, but the legislation was so poorly drafted that it was easily circumvented. By the time of the Royal Commission in 1945, a preponderance of New Zealand hotels were either owned by the breweries or contractually connected in some way. The tied-house system allowed the breweries to distribute and promote their brands of beer, while at the same time excluding their competitors' products.

Improvements in brewing production and in rail and road transport meant that bigger brewers were able to undercut smaller local enterprises and brewing acquisitions became a common

practice throughout the country. In 1923, the New Zealand Breweries company, who would subsequently become Lion Nathan, was formed through an amalgamation of ten large regional brewing companies. In 1930, the Dominion Breweries company was listed on the New Zealand Stock Exchange. By the second half of the 1900s, these two companies had grown to dominate the national beer market and at the same time acquired a significant proportion of the nation's hotels through the tied-house system.

The other unique New Zealand initiative during the period of the six o'clock swill was the invention of the beer tanker. In 1941, bulk beer was transported for the first time from the Strachan Brewery in Dunedin to a nearby bottling house. Soon bottling houses were being excluded from the supply chain and draught tanks were being installed directly into hotel basements. By the mid-1900s, beer tankers had become a common sight on New Zealand roads (Figure 19).

During the period of six o'clock closing, not all hotels were sympathetic to the early closing time and there were many examples of hotels – particularly in rural areas – allowing patrons to stay on to have a quiet drink away from the eyes of local law enforcement. Gordon McLauchlan described his experience of visiting after-hours bars as a young reporter on assignment in Dunedin:



Figure 19. Beer tanker truck. Photograph by Trevor Jones (The Road Ranger Blog, see www.roadranger.co.nz)

"I decided to do some research on after-hours drinking.... With a local guide who knew the code knocks, I visited a number of bars. I was astonished, saddened, by the lonely broody boozing of the inmates, standing up against the bar, hunched over their glasses".²¹

The West Coast region of the South Island – which was remote and difficult to access – was particularly notable for keeping its "own counsel and closing hours ... with locked doors, heavily curtained windows and designated escape routes some of the ploys [that were] adopted".²²

As a nation, we were not in a hurry to remove the six o'clock closing time. In the 1949 national referendum, a majority of New Zealanders voted to continue with the early closing arrangement. Interestingly, the National Council and the alcohol industry released no publicity and made little effort to sway the 1949 vote in favour of later closing hours, effectively allowing the Alliance movement to campaign for the *status quo* unopposed. The president of the Licensed Victuallers' Association had earlier apprised the 1945 Royal Commission of "difficulties in the matter of overtime pay and other costs that would confront the trade if [a] later closing was restored".²³ Arguably, the liquor industry did not see any economic value in the extension of our licencing hours.

For the Alliance movement, the possibility of achieving national prohibition was becoming increasingly unlikely and the 6 o'clock closing time was viewed as a necessary compromise position. Compromise therefore characterised both sides of the debate, as the Figure 20 Alliance campaign poster from the 1940s testifies

During this period, hotels continued to be the dominant drinking venues and Kiwi males continued to be the primary consumers of alcohol. Although women could visit hotels, there was a general feeling that hotels were not an appropriate environment for a lady. It is evident however, that



Figure 20. Six o'clock closing poster, 1940s. Alliance (Alexander Turnbull Library, Ref: Eph-A-ALCOHOL-Hours-1948-01).

women were certainly drinking within the privacy of their own homes.

A significant feature of male drinking during the period of the six o'clock swill was that although many drinkers consumed large amounts of alcohol, resulting in varying states of intoxication, there was an overall social expectation that drinkers would not display overt signs of drunkenness. As Graham Hutchins explains:

"The importance of holding your beer, the mark of a mature drinker, has been inculcated into much of the population, and relates to swill days when beer glasses and jugs were actually dropped – not held [by intoxicated drinkers]. Later, the holding of the beer – and anything else fermentous for that matter – came to represent the need to appear sober, despite the amount of booze imbibed".²⁴

The period of the six o'clock swill shaped the drinking behaviour and the drinking environment of New Zealanders for fifty years. For the male drinkers, it encouraged the practice of fast drinking behaviour, it pushed men to drink together in male-only hotels, it detached alcohol consumption from food, entertainment, female companionship, and (arguably) the appreciation of good alcohol products. For the hotel industry it led to alcohol serving practices that promoted intoxicated behaviour, a deterioration in hotel facilities, the temptation to break the law with after-hours trading and the removal of women from the alcohol-hospitality industry.

Together, the Alliance movement and the National Council brought into force the conditions that were responsible for the poor state of our drinking culture during the fifty years of the six

o'clock swill. A Licensing Committee Magistrate of the era was moved to argue:

*“drinking under our law, and because of it, instead of being a pleasant and respectable aid to social intercourse, has become the subject of idiotic mirth and censorious reproach”.*²⁵

Neville Lodge encapsulates the depths to which we had descended in Figure 21 with a drinker commenting “What d’you mean let’s go to one of the luxury hotels – this is a luxury hotel”.

1948 LICENSING CONTROL COMMISSION

The outcome of the liquor licensing restrictions implemented during the late 1880s and early 1900s was that it became virtually impossible for new liquor licences to be granted or existing



Figure 21. Six o'clock closing cartoon, 1945-1950. Cartoon by Neville Lodge. (Alexander Turnbull Library, Ref: B-154-127).

licences to be transferred. At the same time numerous existing licences were being lost due to local option polls voting in support of regional prohibition or a reduction in licences. The New Zealand population increased from 800,000 in the late 1800s to almost two million by the mid-1900s. The cumulative effect of the licensing restrictions and the population growth was that the proportion of hotels per head of population dropped from an estimated 1 in 357 in 1881, to 1 in 1,542 in 1945.²⁶

During this period, there were also significant population movements throughout the country as Pakeha and Māori workers and their families followed employment opportunities. This population growth/movement, in conjunction with the licencing restrictions, produced significant imbalances in the availability of liquor outlets



Figure 22. Clyde Quay Hotel, Wellington, 1930. Photograph by Evening Post newspaper (Alexander Turnbull Library, Ref: EP-5555-1/2-G).



Figure 23. The Grand Hotel, bottle-store exterior, Wellington, 1940s. Photograph by K Niven and Co of Wellington (Alexander Turnbull Library, Ref: 1/2-211134-F).

across the country, with some regions having very few hotels and other areas having an oversupply of outlets. For example, by the mid-1900s it was estimated that in the Buller Licensing District there was one licenced outlet to every 297 people while in the Waimarino District it was one to every 9,476; in the towns, Greymouth was estimated to have one licence to every 403 people and Hamilton one to every 3,590.²⁷

In 1948, in an effort to address this imbalance and to initiate the first tentative steps towards the liberalisation of our drinking environment, the Government established the Licensing Control Commission. The role of the Commission was to overview the national distribution of liquor licences and to issue three newly-created types of licences: the *wholesale licence*, the *tourist-house licence* and the *chartered-club licence*. As each of these new licences would evolve to become a specific component of our drinking environment, they are detailed individually.

WHOLESALE LICENCE

Hotel bottle stores were the primary source of off-licenceⁱⁱⁱ alcohol sales during the first half of the 1900s, and due to the distributive imbalance of hotel licences, the availability of off-licence alcohol was very unevenly spread throughout the country (Figure 23).

The 1948 wholesale licence was established to allow the authorisation of new off-licence outlets – with a limit of one licence per 10,000 of population. The term wholesale licence was a misnomer as the licence provided for the retail sale of alcohol to the general public. Although it authorised numerous new wholesale licences in the years immediately after 1948, the Commission subsequently adopted a much more sparing policy as it became apparent that the new licences were having an adverse impact on the profitability of existing hotels. Interestingly, in today's terms, the ratio of one licence per 10,000

ⁱⁱⁱ Alcohol sold for consumption away from a licenced premise.



Figure 24. Exterior of Lee's wholesale bottle store, Lower Hutt, 1974. Photograph by K E Niven and Co, commercial photographers of Wellington (Alexander Turnbull Library, Ref: 1/2-227126-F).

of population would limit us to no more than 450 off-licence outlets throughout the country – today we have over 4,000! Figure 24 illustrates a 1970s wholesale outlet in the Lower Hutt region.

The establishment of the *tavern licence* in 1961 (discussed later) further expanded the number of wholesale outlets, as tavern bottle-stores progressively opened in urban suburbs during the 1960s and 1970s; however it was not until 1990s that the number of off-licence outlets would explode with the introduction of the 1989 Sale of Liquor Act.

TOURIST-HOUSE LICENCE

During the early 1900s, the New Zealand Rail Company was extending rail links throughout the country and strongly promoting domestic and international tourism. By the mid-1930s domestic rail travel had become so popular that the Wellington *Evening Post* newspaper claimed that New Zealanders were amongst the greatest rail travellers in the world.²⁸ As tourist numbers expanded, it became evident that the existing hotel facilities were not always adequate for the growing market; nor were they necessarily situated in the appropriate locations.

The 1948 tourist-house licence was established to allow for the sale of alcohol to travellers staying or dining at the new tourist accommodation facilities. For its time, this was a ground breaking licence as it allowed for the sale of alcohol with a meal outside of a hotel. It would be a further

twenty years before independent restaurants would be allowed this privilege. Amongst the (relatively) few to benefit at the time were travellers dining at the Chateau Tongariro (Figure 25).

The circumstances in which a tourist-house licence could be granted were progressively liberated throughout the second half of the 1900s and today tourists find a ready supply of alcohol products available in both their accommodation restaurant/bar and their bedroom mini-bar facilities – a far cry from the pre-1948 tourist experience.



Figure 25. Dining room Chateau Tongariro, 1960. Photograph by B. Clark (Alexander Turnbull Library, AAQT 6401, A66194: Archives NZ, The Department of Internal Affairs).

CHARTERED-CLUB LICENCE

The first gentlemen's club was founded in Wellington in 1840 and the first Workingmen's club in Dunedin in 1874. By the end of the 1800s a wide variety of charter clubs had been established throughout the country (Figure 26).

During the early 1900s the number of clubs plateaued as the influence of the Alliance movement



Figure 26. Gentlemen's Club, Wanganui, 1880. Photograph by William Harding (Alexander Turnbull Library, Ref: 1/1-000137-G).

thwarted the awarding of new liquor licences. The creation of the chartered club licence in 1948 ushered in a new era of clubs – and by the end of the 1950s there were approximately 150-plus chartered clubs throughout the country including an expanding number of Returned Servicemen's Associations.²⁹

The social changes that swept through New Zealand during the 1960s and 1970s served to challenge the structure of the traditional male chartered clubs, as the wives of club members (who had often worked silently in the background) increasingly pressed for their own right to obtain club membership. From the 1970s onwards, Workingmen's clubs began to accept women members and a proportion of these clubs renamed their organisations Cosmopolitan clubs – or Cossie clubs as they are commonly known. Gentlemen's clubs, by contrast, were a lot slower in welcoming women into their membership, keeping them out until the 1990s. It was not until 2001 that the Dunedin establishment became the final Gentlemen's club to accept women members.

Alongside the growth of chartered clubs, hundreds of sports clubs were also established through the 1900s and many of these clubs developed *unofficial* bar facilities to serve alcohol to members – a move not popular with the liquor

industry. Indeed, by the 1970s the liquor industry was arguing that the illegal sale of liquor by sports clubs was beginning to compete with official hotel suppliers.³⁰ In response, the Muldoon Government established a *General Ancillary Licence* in 1976 that allowed thousands of sports clubs to apply for an official licence to legally sell alcohol.

The 1989 Sale of Liquor Act would further liberalise the ability of clubs to obtain a licence. Today in New Zealand, there are a vast array of licenced sports clubs, social clubs and service clubs providing alcohol to club members and guests.

1960 TAVERNS AND LICENSED RESTAURANTS

The New Zealand drinking culture has always been influenced by the circumstances of the time. While the 1940s allowed for a small amount of liberalisation; the social, political and economic forces of the 1960s ushered in the beginning of a revolution, with increasing numbers of women joining men in licensed premises, the reconnection of alcohol with entertainment and the formation of two new liquor licences: the *restaurant licence* and the *tavern licence*.

RESTAURANT LICENCE

In 1960, Keith Holyoake's National Government took the bold step of establishing the restaurant licence. Erring on the side of caution, the Government initially limited the number of restaurant licences to a total of ten nationwide! Although the number gradually increased through the 1960s and 1970s, they were limited to no more than a handful in each major city. For most New Zealand families of the time, dishes like shrimp cocktail entrées and chicken-in-a-basket mains were a new and exotic experience, and eating out remained an expensive and infrequent leisure activity. For braver diners, the novelty of a quasi-foreign meal could be experienced by eating at the (typically one and only) Chinese licensed



Figure 27. Interior of Le Normandie restaurant, Cuba Street, Wellington, 1960s. Photograph by K Niven Ltd (Alexander Turnbull Library, Ref: PAColl-2186-2-01).

restaurant in the city. Figure 27 features the interior of a popular 1960s Wellington restaurant

At the same time as the restaurant industry was slowly establishing itself, the local wine industry was also beginning to take the first tentative steps towards what would become a multi-million dollar industry. In 1960, New Zealand vineyards covered approximately 400 hectares and produced four million litres of wine per year; by 1982, vineyard cultivation had soared to over 5,000 hectares and wine production to 50 million litres. During the 1960s and 1970s Muller-Thurgau and Cabernet Sauvignon became the most common white and red wines respectively, and would usher in what became known as *Chateau Cardboard* – the cardboard cask containing wine in a three-litre plastic bladder with a plastic tap that could be drawn out of an opening in the cask. Montana's Blenheim and Cook's Chasseur were particularly popular cask wine products. Sweet sparkling wines also grew in popularity, particularly amongst

female drinkers, with products like Marque Vue, Cold Duck and Bakano.

In contrast to the experiences of their mothers and grandmothers – who may have consumed sherry or port – wine introduced a new generation of women to alcohol. In licensed restaurants women began to drink alongside men, enjoying a glass of the establishment's house wine – typically poured from a cask! On the domestic front it became increasingly common for the male of the household to pick up a cask of wine for the ladies, to accompany the crate of beer he was picking up for himself and his mates, from the wholesaler. For the more sophisticated, home-based wine and cheese evenings – offering wine and a range of cheddar cheeses – also became increasingly popular.

By the 1970s the quality of wine was improving and reasonably priced bottled products were arriving on the market, as the growing range evident in the interior of this 1970s bottle store indicates (Figure 28). In 1977, the Government decided it would be safe to allow restaurants to obtain Bring-Your-Own (BYO) wine licences and eating out with a bottle of wine become an increasingly popular and affordable leisure activity. This new licence laid the foundations for the contemporary café culture that would develop with the introduction of the 1989 Sale of Liquor Act.



Figure 28. Bottle store interior of Preston & Co Ltd, wine and spirit merchants, Wellington, 1970. Photographed by an Evening Post (newspaper) staff photographer (Alexander Turnbull Library, Ref: EP/1970/5011/26A-F).



Figure 29. Tourist and Publicity Department photo, 1980. Photograph by Terry Hann, National Publicity Studios, Wellington, (Alexander Turnbull Library, Ref: Eph-D-TOURISM-1980-01).

In the mid-1980s the national wine industry suffered from a glut of lower-quality wine and in 1986 the Government paid growers to remove almost one-quarter of the country's vine stock. Although this was a difficult period for many small wine growers, it proved to be a blessing for the industry as improved varieties of grapes were subsequently planted throughout the country – a number of which would become recognised as wines of world standard. Today wine growing has changed the rural landscape of many districts and wine-trails through the Hawkes Bay, Central Otago, Martinborough and Marlborough districts have become popular with domestic and international tourists alike (Figure 29 illustrates a 1980s tourism publicity photo). Many popular wineries now have licensed on-site restaurants that allow visitors the opportunity to sample local wine products alongside locally produced artisan foods

and delicacies. This is a far cry from the 1960s when our licensed restaurants were limited to a total of ten nationwide!

TAVERN LICENCE

With the implementation of the 1881 Licensing Act there had been a legal requirement that all urban hotels provide accommodation alongside their bar facilities. This requirement was a legacy of our colonial past when transport links were often unreliable and the provision of overnight lodgings for travellers - including single men from rural farms/camps who travelled into town centres for recreation - was viewed as requiring legislative coercion. By the middle of the 1900s it had become apparent that with the increasing urbanisation of many town and city centres there was no longer the need for licenced premises to provide accommodation facilities. In 1961, the Government responded to this urban change by establishing the tavern licence (Figure 30).

Coinciding with the issuing of the first tavern licences, a number of significant social and demographic changes were also occurring. The demographic characteristics of our young adult population were in transition. New births peaked in New Zealand between 1946 and 1965, and by the mid-1960s this burgeoning baby-boomer population began building new homes in the suburbs. In 1969, the legal drinking age



Figure 30. Interior of a tavern, 1966-1973. Photograph by Max Christian Oettli, pub scenes collection (Alexander Turnbull Library, Ref: PADL-000137).

was dropped from 21 to 20 years. The breweries adapted to these changes by building large multi-bar taverns in the suburbs. The era of the *booze-barns* had arrived and they were to dominate our drinking culture for the next 30 years.

Many of these new taverns were enormous drinking establishments. Dr Paul Christoffel in his PhD thesis reviewed Licensing Control Commission files of the period and provided a number of examples of the excess to which these establishments were built:

“The main bar at the Bush Inn in Christchurch, with a floor area of 6,500 square feet, was easily large enough to stage an NBA basketball game... In 1968, New Zealand Breweries was granted approval for a huge tavern on 14 acres of land at Mangere Bridge in Auckland. The four bars totalled 15,800 square feet excluding the service area, enough to comfortably accommodate three NBA basketball courts”.³¹

The arrival of the booze barns also coincided with the end of 6 o'clock closing. In 1967, a majority of New Zealanders finally voted to extend tavern and hotel licensing hours to 10.00 p.m. By this time the six o'clock swill had lasted for 50 years and affected two generations of drinkers (Figure 31). Although booze barns were large, with several bars



Figure 31. Post six o'clock closing cartoon, 1967. Cartoon by Neville Lodge. The caption reads “They haven’t got used to the idea that it’s legal to drink to 10 - they saw you coming and thought it was a raid” (Alexander Turnbull Library, Ref: J-059-016).

housed under the same roof, they were also often crowded. The Licensing Control Commission issued tavern licences very sparingly and therefore each tavern served an area significantly greater than simply the suburb in which it was situated - which in turn required that many patrons drove their cars to the tavern for an evening’s entertainment. Conveniently, large car parks surrounded each tavern. Writing in 1976, Gordon McLauchlan commented:

“The concept of the big booze barns serving a large area is still with us. I have been going to an Auckland suburban hotel for a couple of hours most Saturday afternoons since 1970 not because it’s there, but because it’s the only one there. It is a relatively new pub but already run down, a collection of bars jammed together”.³²

Throughout the first half of the 1900s, the provision of entertainment in hotels had been prohibited - this law had been a remnant of the Alliance’s influence. In 1964, the Government decided (as a component of the Sale of Liquor Amendment Bill) that it was now safe to allow entertainment back into licenced premises. The difficulty for entertainers was that hotels and taverns still closed at 6 pm and many drinkers were often preoccupied with consuming their share of the nightly swill, rather than the featured entertainment (Figure 32).

With the extension of closing hours to 10.00 p.m. a vibrant pub circuit developed during the 1970s with local bands – sometimes with poets in tow – travelled the length of the country performing at a different tavern or hotel each night of the week. This began the era of home-grown performers like Midge Marsden and Hammond Gamble, and bands like Hello Sailor and Dragon. There was a seemingly endless supply of talented local bands and artists (Figure 33).

The introduction of live music into taverns and hotels signalled a significant and irreversible change in our national drinking culture. For the



Figure 32. Entertainment again permitted in bars cartoon, 1964. Cartoon by Neville Lodge, Evening Post and Sports Post. The caption reads "That's the last time we do a show in a public bar between five and six!" (Alexander Turnbull Library, Ref: B-133-304).

previous 100 years, hotels had been predominantly the exclusive domain of male drinkers who had stoically swilled down their beer while discussing the merits of sporting teams, racing horses and political parties. By the 1970s, things were looking very different. For the first time in our history, young women were joining young men in taverns and hotels. As Graham Hutchins notes:

" swathes of younger drinkers had taken to the bars, swelling patronage The unholy vocal cacophony of the [traditional male] swilleries was replaced by noisy young bands who pumped out their head-splitting, conversation-killing rock 'n' roll".³³

In spite of the liberating effect the new taverns had on the previously traditional hotel drinking environment, there were significant social issues that arose from the decision to erect huge drinking establishments within suburban areas. Along with problems of noise, vandalism and broken glass on suburban streets, a number of taverns became associated with on-going levels of aggression and violence. At the same time there was a growing national awareness of the dangers associated with drinking and driving, and the suburban booze barns with their sprawling car parks were seen to be contributing to this problem.

The vast size of many taverns was also a source of concern to the Police. In a report to a Ministerial



Figure 33. Band playing in Hotel De Brett, Wellington, 1971. Photograph by Evening Post newspaper (Alexander Turnbull Library, Ref: EP/1971/4865/26-F).

Committee, the Police stated that the booze barns with their large numbers of patrons were difficult to monitor and to enforce restrictions on age and sobriety. The report also noted that small disputes could often lead to large fights, which team policing units were then required to deal with.³⁴ There was also a general feeling amongst many in the community that the booze barns were contributing to a deteriorating national drinking culture and in 1986 the Government convened a Working Committee to review the nation's alcohol laws - including the role of the booze barns.

1989 SALE OF LIQUOR ACT

Throughout the 1800s and the first half of the 1900s, New Zealand governments had progressively implemented restrictionist liquor legislation based upon *availability theory* - which, not coincidentally, had also been a central tenet of the Alliance movement. Availability theory contends that alcohol-related harm is, in part, a consequence of the accessibility and profile of alcohol within the community. The 1986 government-appointed Committee rejected the principles of availability theory and recommended a significant liberalisation of the nation's liquor laws. The Government agreed with the Committee's findings and subsequently introduced the revolutionary 1989 Sale of Liquor Act.

The 1989 Act is often discussed as an attempt to impose a Southern European *wet* style of frequent moderate drinking, associated with food, socialising and entertainment. This was in contrast to our traditional *dry* culture, involving heavy drinking largely confined to the weekend. Under the new Act the number of licences was reduced to four: the two dominant licences being the *on-licence* for premises supplying alcohol for on-site consumption and the *off-licence* for premises supplying alcohol for off-site consumption.^{iv} These two new licences, along with further amendments in 1999 allowing for Sunday and 24-hour trading, would revolutionise the New Zealand drinking environment.

ON-LICENCE

The number and types of on-licence outlets permitted to sell beer and wine was expanded to include bars and cafés, alongside the traditional taverns, hotels and restaurants. The Act also radically simplified the criteria for granting a licence. It was no longer necessary to satisfy the licensing authority that the establishment of a new liquor outlet was necessary or desirable. Providing an applicant had no criminal convictions, and the proposed premises met local government requirements, the granting of a licence was almost guaranteed – a far cry from previous decades of tight licensing regulations.

As a consequence of the 1989 Act, the brewery-controlled taverns and hotels lost their monopoly of the on-licence marketplace. The new Act allowed for genuine competition and innovation, and as a consequence the hospitality industry was transformed. The number of on-licences trebled over two decades, from 2,400 to 7,600.³⁵ One half of these new on-licence outlets have been bars, pubs and clubs. Many of these new premises have been smaller, themed outlets, which

^{iv} The remaining two licences were the *club licence* and the one-off *special licence*.



Figure 34. The Bank Bar and Restaurant situated in the Bank of New Zealand building, Hamilton, 2012. Photograph by B McEwan.

have often targeted specific consumer groups, *e.g.* sports bars, Irish-themed pubs, cocktail bars and DJ-based dance clubs.

The other component of the new on-licence outlets have been cafés and restaurants. Today Kiwis can drive in almost any direction and within a reasonable period of time come upon a café/restaurant/bar that serves good coffee, tasty food, and a quality glass of wine or beer. More often than not, the premise will be situated in an old, renovated building (*e.g.* an old post office, bank or retail premises) that has been granted a new lease on life - such as the Hamilton Bank of New Zealand building established in 1878 and converted into a bar/restaurant in the mid-1990s (Figure 34).

The liberalisation of our on-licence liquor laws has been credited with creating vibrant alcohol-based leisure economies in all major cities. It is estimated that the alcohol-hospitality industry employs over 70,000 workers (many are employed part-time) and that New Zealanders spend an estimated \$1 billion dollars each year on alcohol sales in bars and clubs, with a further \$1.3 billion dollars in cafes and restaurants.³⁶

In recent years, concerns have been raised about the effects that CBD alcohol hospitality districts are now having upon the national drinking culture, and particularly the high levels of intoxication and alcohol-related harm associated with late-night drinking (the implications of this development are explored later in the book).

OFF-LICENCE

The 1989 Sale of Liquor Act revolutionised the off-licence supply of alcohol products by allowing supermarkets and grocery stores to sell wine, and by liberalising the conditions required to establish a new off-licence outlet. The 1999 amendments to the Act allowed supermarkets and grocery stores to add beer to their inventories. Over the past two decades, the number of off-licence retailers has increased from 1,600 to 4,000.³⁷

The decision to allow supermarkets and grocery stores to sell wine and beer was a significant transformation of the off-licence market. The New Zealand supermarket retail sector is dominated by two large supermarket chains, Australian-owned Progressive Enterprises and the New Zealand cooperative, Foodstuffs. It is estimated that over two-thirds of all wine sales and one-half of all beer sales (by volume) are now sold through these two supermarket chains. The total value of supermarket wine and beer sales is estimated at over \$1 billion annually, and this figure is now beginning to match the \$1.3 billion annual turnover for specialist liquor outlets (who also sell distilled spirit products).³⁸ The purchasing power of the supermarket chains has been identified as a key factor in the development of the highly competitive wine and beer retail market.

Along with supermarkets and large liquor store chains, there is now also a plethora of small suburban liquor outlets and grocery stores selling alcohol products. These smaller outlets do not have the purchasing power of the supermarkets, and therefore rely upon the convenience of their location and trading hours to attract business. The proliferation of off-licence outlets has led to the charge that in many New Zealand communities “it is now easier to locate a liquor outlet, than it is to find a fruit and vegetable store” (Figure 35).³⁹ The decision to allow supermarkets and grocery stores to sell alcohol, along with the ease with which bottle stores have been established in suburban neighbourhoods, has had significant implications for the alcohol market *and* our national drinking culture



Figure 35. A suburban bottle store that had previously been the site of a fruit and vegetable shop, Hamilton, 2012. Photograph by B McEwan.

3. THE GOOD, THE BAD AND THE UGLY – THE NATIONAL DRINKING CULTURE

Before detailing our contemporary drinking behaviour, some discussion of the changes that have occurred in our preferences for beer, wine and spirit products is in order.

HISTORICAL PREFERENCES

BEER



For more than a century, beer has been our most popular alcoholic beverage and arguably a quintessential component of our national culture, with drinking beer particularly linked to men and masculinity. Throughout much of the 1900s, New Zealand was commonly described as a country characterised by *rugby, racing and beer* – with beer consumption (among men) common to all three activities. However in the past two decades, beer's market dominance and cultural relevance has declined.

Although beer continues to be our most popular alcoholic beverage in terms of total *volume* consumed, over the past 25 years there has been a steady reduction in consumption from approximately 160 litres per person in the mid-1980s to approximately 95 litres during the 2000s.⁴⁰ What has remained constant from the 1800s through to the 2000s is that it is men who are the primary consumers of beer.

Interestingly, in spite of the decline in total beer consumption, beer *brewing* in recent years has undergone a renaissance similar to that of the 1800s, with numerous smaller regional craft brewers establishing themselves in local markets and producing a multitude of new beer varieties. Two examples among many include

the Waiheke Brewery (on Waiheke Island near Auckland) that produces a Wharf Road Wheat Beer and the Westport-based Miners Brewery that produces a Miners Gold Beer. To compete with this burgeoning boutique beer market and the challenge of decreasing consumption, the two dominant breweries – Lion Nathan and Dominion Breweries – have also introduced a range of high-price premium and speciality beers, such as the Mac's and Steinlager brands (Lion Nathan) and the Monteith's and Heineken brands (Dominion Breweries).

The extent of the shift towards craft and premium beers is governed by economic and social factors however, with top prices typically attached to these beers. In contrast, some sections of the beer drinking community have remained fiercely loyal to their traditional and often more affordable beer brands, *e.g.* Lion Red beer in the Far North and Waikato Green beer in the Waikato region.

WINE



Although beer remains the most popular alcoholic beverage by volume, wine has grown to equal beer in popularity - with two-thirds of New Zealand drinkers now consuming both of these products. In the past two decades the amount of wine consumed has almost doubled to 100 million litres and this equates to an increase from 25 bottles per person in 1989 to almost 40 bottles in 2010.⁴¹

Wine consumption is particularly popular amongst female drinkers, with three-quarters of women aged over 40 years (in contrast to one-third of similar age males) and one-half of women under

40 years drinking wine.

Over the past twenty years the number of wineries throughout the country has doubled to over 600, and in developments similar to those that occurred in the beer industry, this growth has included a significant number of smaller vineyards producing good quality *boutique* wines for local markets.

SPIRITS



During the 1800s, spirit beverages were our most popular alcoholic drink and this remained the case until the early 1900s when beer came to dominate the hotel drinking environment. Throughout

the 1900s, spirit consumption remained reasonably static until the introduction of pre-mixed spirit-based drinks (ready-to-drink or RTD) in the 1990s.

Effectively revolutionising the spirit market, RTD drinks now represent the fastest-growing segment of the alcohol market and consumption has trebled from 20 million litres in 1999 to 60 million litres in 2010.⁴² The popularity of RTDs has also had a positive impact upon full-spirit (>23% alcohol) product sales, with consumption rising from 10 million litres in 1999, to 13 million litres in 2010.⁴³

Nationally spirit products are not dominant drinks, with just one-half of drinkers consuming full-spirit/liqueur products and one-quarter consuming RTDs.⁴⁴

Age plays an influential role in female RTD use, with women under 40 years significantly more likely to consume RTD drinks.⁴⁵ Dark-coloured RTD drinks (*e.g.* such as Woodstock Bourbon & Cola and Jim Beam & Cola) are particularly popular with a portion of male drinkers.

RTD drinks have also proved to be very popular amongst young drinkers, with two national surveys identifying RTDs as the most

popular beverage of choice amongst 12-17-year-old drinkers.⁴⁶

CONSUMPTION

New Zealanders' per capita consumption of alcohol peaked in the mid-1970s at 12 litres of alcohol per person, and then steadily dropped to a low of 8.5 litres by the late 1990s. In recent years consumption has increased again to 9.6 litres and this rise in consumption has been due to the increases in wine, full-spirit and RTD product consumption.⁴⁷ Further information detailing New Zealanders' per capita consumption can be viewed at the Statistics New Zealand website.^v

Figure 36 features a comparison of New Zealand's per capita alcohol consumption with other nationalities and shows that our annual level of consumption is similar to Australia, Canada, South Africa and the U.S.A.^{vi}

While per capita consumption is an indicator of a nation's drinking behaviour; as the ALAC message from the early 2000s rightly observed "It's not the drinking; but how we're drinking" that is most important. In New Zealand that comes down to how each of us is consuming our annual share of 9.6 litres.

STANDARD DRINK

In recent years two important national surveys have regularly assessed our drinking behaviour: the Ministry of Health's *Alcohol Use in NZ* survey and the Alcohol Advisory Council's (ALAC) *Alcohol Monitor* survey. These two surveys complement each other by assessing different aspects of our drinking behaviour and by also undertaking different assessment procedures. The following

v See: http://www.stats.govt.nz/browse_for_stats/industry_sectors/alcohol_and_tobacco_availability.aspx

vi See: <http://www.alcohol.org.nz/research-resources/latest-resources>. The international per capita alcohol consumption data was sourced from the WHO (2011) Global Status Report on Alcohol, see: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/



Figure 36. Comparison of New Zealand's annual per capita alcohol consumption with other countries (source: ALAC educational pamphlet *The Real Story of Kiwis and Alcohol*, 2010s).

discussion will incorporate data from these two principal surveys.⁴⁸

Both surveys utilise the measure of a *standard drink* to assess the proportion of pure alcohol (ethanol) contained within various alcohol products (Figure 37). In New Zealand a standard drink (std) of alcohol is defined as equivalent to 10 grams of pure ethanol and this measure approximately equates to:

- one 330 ml can of 4% beer.
- one 100 ml glass of table wine.
- one 30 ml nip of straight spirits.

Further information detailing a standard drink measure is available at the ALAC website.^{vii}

DRINKING PATTERNS

How many of us drink?

- an estimated 2,800,000 New Zealanders consume alcohol and this figure equates to approximately 80% of the adult population.

Who is drinking?

- men are more likely to drink than women (85% vs 74%).
- New Zealanders identifying as European and Maori are more likely to drink (84% & 79%, respectively).
- New Zealanders identifying as Pacific Islander and Asian are less likely to drink (58% & 57%, respectively).

How often do we drink?

- one third of drinkers consume alcohol 3 or more times a week.
- one third drink 1-2 times a week.
- one third drink less than weekly.

vii See: <http://www.alcohol.org.nz/alcohol-you/whats-standard-drink>



Figure 37. New Zealand standard drink measure (source: ALAC educational pamphlet Straight-Up Guide to Standard Drinks, 2010s).

Where do we drink?

- the majority of drinking occurs in the home.
- followed by a friend or relative's home, pub and café/restaurant.

Attitudes to intoxicated drinking?

- almost one in ten drinkers agree that they drink to get drunk.
- one quarter of adult drinkers (and two-fifths of 12-17 year old drinkers) agree that it is okay to get drunk as long as it doesn't happen every day.

How much do we drink?

- the majority of New Zealand drinkers consume moderate amounts of alcohol on most occasions.
- a minority of drinkers regularly consume excessive amounts of alcohol.
- the chief criteria used to evaluate excessive alcohol consumption is the internationally recognised *hazardous drinking* AUDIT test (discussed next).

Further information detailing New Zealanders' drinking behaviour is available on the ALAC website.^{viii}

viii See: <http://www.alcohol.org.nz/research-resources/nz-statistics>

HAZARDOUS DRINKING

Hazardous drinking is defined as a drinking pattern that carries a high risk of harming a drinker's physical and mental health and creating a harmful social effect.

The Ministry of Health's 2012 research revealed that 530,000 New Zealanders - one in five drinkers - have a hazardous drinking pattern. Not surprisingly, age and gender play a very influential role in the frequency of hazardous drinking behaviour.

Figure 38 displays rates of hazardous drinking behaviour across age and gender groupings revealing that:

- hazardous drinking is most common amongst male drinkers aged 18-24 years (44%), 25-34 years (41%) and 33-44 years (26%).
- hazardous drinking is most common amongst female drinkers aged 18-24 years (26%), 25-34 years (17%) and 15-17 years (17%).

A full review of the Ministry of Health's hazardous drinking findings (and further information detailing how hazardous drinking behaviour is assessed) can be viewed on their website.^{ix}

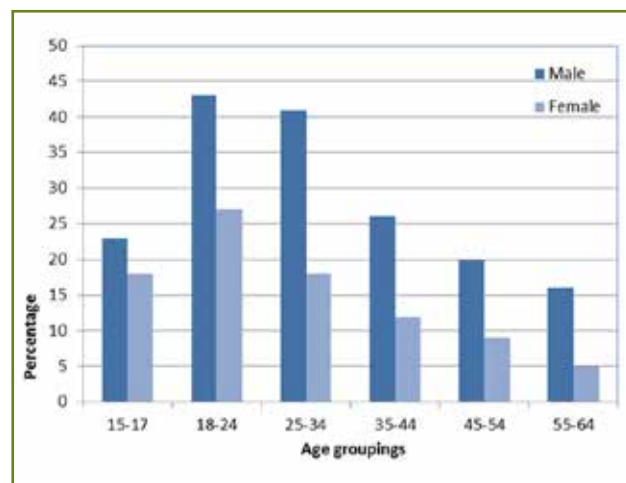


Figure 38. Hazardous drinking behaviour, amongst drinkers aged 15-64 years, by age group and gender, 2012. (MOH, 2013).

ix See: <http://www.health.govt.nz/publication/hazardous-drinking-2011-12-findings-new-zealand-health-survey>

INTOXICATION

Intoxication is a second measure of excessive drinking behaviour.

Ministry of Health 2009 research reveals that amongst drinkers:

- one in ten – 224,600 drinkers - are intoxicated on a *weekly* basis,
- and male drinkers (16%) are twice as likely as female drinkers (8%) to be intoxicated on a *weekly* basis.

Again, age also plays a very influential role in rates of intoxication. Figure 39 shows rates of *weekly* intoxicated drinking behaviour across age and gender groupings, revealing that:

- one in three, 18-24 year old male drinkers, are intoxicated on a weekly basis
- and one in six, 18-24 year old female drinkers, are intoxicated on a weekly basis

A full review of the Ministry of Health's intoxicated drinking findings can be viewed on their website.^x

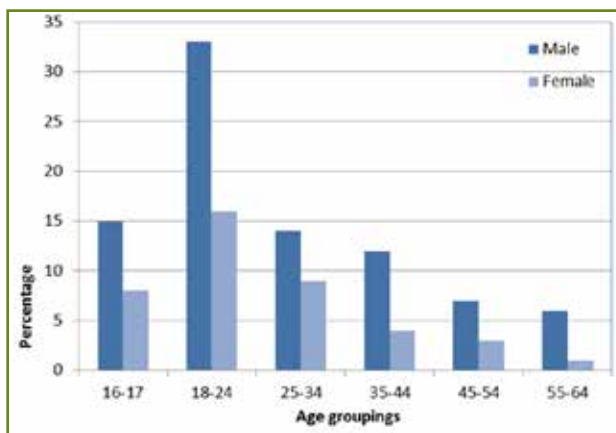


Figure 39. *Weekly intoxication*, among drinkers aged 16–64 years, by age group and gender, 2007-08. (MOH, 2009)

IN SUMMARY

While the research data for hazardous and intoxicated drinking behaviour shows that excessive drinking occurs across all age groupings; it is also clear that this behaviour is particularly dominant amongst 18-24 year olds and amongst male drinkers.

A third measure of excessive drinking is *binge drinking* behaviour. A summary of New Zealanders' rates of binge drinking behaviour are detailed to Appendix One. The research findings for binge drinking behaviour strongly replicate the data for hazardous and intoxicated drinking behaviour.

As we have previously discussed, excessive drinking amongst New Zealanders is not a new phenomenon. A significant number of men and a proportion of women have been drinking excessively since the 1800s. What is different in the 2000s is the culture of intoxication that now sustains this drinking behaviour.

^x See: <http://www.health.govt.nz/publication/2007-08-new-zealand-alcohol-and-drug-use-survey-online-data-tables>

4. CULTURE OF INTOXICATION – INTENTIONAL DRUNKENNESS



“From our inquiries, we find a diversity of responses to the problem of drunkenness which, we believe, reflects the community’s ambivalent attitude towards alcohol. Today there is a greater permissiveness and tolerance towards individual drunkenness than there was 30 years ago.... The drinking pattern has changed. People are drinking more. There are more liberal attitudes towards women drinking... We believe that, in general, the individual New Zealander does not condone drunkenness, but accepts it”.

(Royal Commission Report, 1974)⁴⁹

When the Royal Commission formulated the above statement in 1974, they were acknowledging that the New Zealand drinking culture had entered into a period of significant transformation characterised, in part, by an increased tolerance towards drunken behaviour – and this development remains with us today.

Due to a lack of equivalent alcohol survey data, it is not possible to accurately compare the drinking behaviour of New Zealanders at the time of the Royal Commission, with today’s drinkers. It has only been in the last two decades that detailed and comparable drinking data have been collected.^{xi}

As a consequence of New Zealanders’ high levels of intoxication the media have increasingly discussed the *New Zealand binge drinking culture* when reporting on alcohol-related incidents. These media stories often detail incidents of alcohol-related harm and/or the findings of alcohol research reports. Examples of these binge-related story headlines include:

- *School Daze*. This article detailed the effects of alcohol and drug use amongst high school students. Students were quoted as commenting that “It’s obvious that the drug of choice by a long way is alcohol” and “there is definitely a binge-drinking culture. If you’re going to be drinking, you’re drinking to get drunk”. (*New Zealand Herald*, 2011)⁵⁰

- *A Blow Torch On Binge Drinking*. This story publicised a report, endorsed by over 400 medical staff, outlining the effect the nation’s binge drinking culture was having on hospital personnel and resources. The report noted that “A visit to any emergency department on a Thursday, Friday or Saturday night... will astound many people”. (*Manukau Courier*, 2010)⁵¹
- *Alcohol Killed Our Girl*. This story detailed the case of a young woman with an on-going alcohol addiction problem who crashed her vehicle while intoxicated. The woman’s parents are quoted as saying that their daughter was a victim of “New Zealand’s widely accepted binge-drinking culture”. (*New Zealand Herald*, 2010)⁵²

Similarly-themed media headlines regularly report on the relationship between binge drinking behaviour and out-of-control parties in the suburbs, disturbances and assaults in CBD alcohol-hospitality districts, problematic high school after-ball parties, relationship/family violence and tragic deaths through alcohol poisoning and drowning

Internationally some social commentators have argued that the contemporary binge drinking culture with its high profile media headlines is nothing new – and all that is different in the 2000s is that women have now joined men in drinking excessively. We propose – alongside previous alcohol researchers⁵³ - that the 21st century culture

xi Readers interested in reviewing this research are referred to Appendix Two.

of intoxication is not a *repackaging* of earlier male drinking behaviour but rather a distinctly *new* drinking culture that is increasingly shaped by a range of local and global influences (that will be discussed later in this book).

The characteristics of this new culture of intoxication are differentiated from the past not only in *who* is now drinking to intoxication (*i.e.* males and females) but also in three other defining characteristics: *what* behaviour is now acceptable while intoxicated, *how* drinkers are getting intoxicated and *why* drinkers are drinking to intoxication. Each of these characteristics will be illustrated using published research by various authors and evidence from drinkers who have participated in New Zealand-based alcohol research projects.

ACCEPTABLE INTOXICATION

The type of behaviour currently considered acceptable within the contemporary culture of intoxication is best illustrated when contrasted with earlier generations of New Zealand drinkers. Graham Hutchins detailed the intoxication-expectations of the typical male drinker in the mid-1900s:

“In general, those with average metabolisms were often expected to drink a lot but not get drunk. In the days when men were expected to be strong, silent types, this attitude held sway, particularly in rugged, small-town pubs, where you could stand all night at the bar and not say a word. That was OK, but if you lurched a bit or, God forbid, spilt your beer, you’d be lucky if anyone spoke to you. Not that anyone was talking. At closing time you’d walk strongly, silently, off the premises, having held your grog in the accepted fashion”.⁵⁴

Jock Phillips also affirmed this attitude:

“Although drinking huge quantities of alcohol at great speed was admired, the

great virtue was to deny that the booze was going to your head. To ‘hold one’s liquor’, to ‘drink up large’ but still have a clear head and even drive home, was the mark of a ‘hard man’. To drink was to be a man, but to show yourself drunk and, worst of all, giggly, was to be a girl. The drinking man in New Zealand was often quite unsympathetic to the street drunk – he was disreputable, letting down the code”.⁵⁵

In contrast, the contemporary culture of intoxication accepts and celebrates the exhibition of drunken behaviour within the drinker’s peer group – or to use Jock Phillips’ phrase, celebrates the *street drunk*. There is minimal social shame associated with public displays of intoxication including vomiting, loss of bodily control, loss of memory and passing out. A 22 year old drinker quoted in the Law Commission’s 2009 report provides a description of a drinking occasion that encapsulates this attitude:

“We continue drinking steadily for the next few hours (I estimate I consumed around 20 standard drinks over the course of the day). My memory begins to blackout in patches but I remember having an almighty spew in the garden of a flat along the way to a mate’s place. Everyone has a good laugh at me, but I assure everyone it is only a tactical spew so that I can continue drinking and last the night. I am not worried about having been sick; this is nothing out of the ordinary at all. No one cleans it up and everyone forgets about it within about 20 metres. This is the last thing I remember of this night”. (22 year old male)⁵⁶

A second, slightly younger drinker summarised this contemporary attitude towards intoxication:

“I think it is acceptable to go out and drink heaps and get drunk. It is actually socially accepted in New Zealand”. (20 year old male)⁵⁷

This social acceptance of intoxicated behaviour

is evident in alcohol-hospitality districts many nights of the week. Summarised highlights of the behaviour can also be viewed as entertainment on local television shows such as *Police 10-7* (TV1), *Motorway Patrol* (TV2) and *Road Cops* (TV3). The Australian television programmes *Kalgoorlie Cops* and *Territory Cops* (TV3) illustrate the trans-Tasman version of this behaviour; while USA and UK examples are featured in the shows *Jersey Shore* and *Geordie Shore*, respectively (Sky TV). These television programmes highlight an acceptance of public drunkenness amongst a proportion of drinkers.

PREDETERMINED INTOXICATION

A defining characteristic of the culture of intoxication is the predetermined intention to achieve a level of intoxication. Whereas the majority of New Zealanders consume light to moderate amounts of alcohol for its good taste, social enjoyment and psychological pleasure - drinkers who subscribe to the culture of intoxication associate pleasure with drunkenness.

National surveys undertaken by ALAC revealed that almost one in ten drinkers^{xii} commence drinking with the intention of getting drunk.⁵⁸ A frequent binge drinker summarised this attitude towards alcohol consumption:

“You need to know from the start if you are going to get drunk or not. If you don’t want to, you will have your two and you will stop. Other times you will be casually drinking [and] by that stage you can’t count, and you will be like give me more [alcohol]”. (20 year old male drinker)⁵⁹

Within the culture of intoxication, drinkers typically consume their first drinks rapidly in order to achieve the desired state of drunkenness. This *pre-loading* or *front-loading* behaviour often occurs within a private setting or public car park, prior to

moving onto an on-licensed premises or a private party. These pre-loaded drinks are viewed as the first stage of a night out and an opportunity to achieve a predetermined level of intoxication. The 22 year old drinker quoted previously describes his pre-loading behaviour:

“We head to [supermarket] and pick up a bottle of wine (\$6.99) for the girl who is with us and a cask of medium white wine for me. My choice is based on the cheapest variety with the highest alcohol content. \$16.99 for 30 standard drinks. I’m generally not a wine fan and so buy a 4-pack of [energy drink] to sweeten the taste and get a bit of an energy boost to get in the mood. We head to a friend’s flat for a catch-up and from there into town, around 11pm. I am eager to make up for lost time having been at work, so scull my first few glasses to get the buzz going. I estimate I would have consumed about 7 standard drinks within about 45 minutes”. (22 year old male drinker)⁶⁰

Although intoxication is the goal of a binge drinking occasion, not all intoxicated drinkers are equally drunk. Research identified two types of binge drinkers: constrained binge drinkers and uninhibited binge drinkers. Both groups consume excessive amounts of alcohol, but constrained binge drinkers limit their total volume of alcohol in an attempt to avoid negative alcohol-related effects. In contrast, uninhibited binge drinkers do little to restrict their overall consumption.⁶¹

A small New Zealand research project investigating tertiary-student drinking behaviour reflects this distinction in its revelation that many intoxicated drinkers (but not all) practised a level of *controlled intoxication* while drinking. Controlled intoxication was defined as the practice of *slowing down* or *stopping* alcohol consumption once a desired level of intoxication was achieved. Intoxicated drinkers monitored a range of bodily signals (*e.g.* the ability to walk and/or talk, the urge to vomit, visual

xii 9% 2007-08; 10% 2008-09; 7% 2009-10.

disturbances, *etc.*) and/or interpersonal interactions with others (*e.g.* saying or doing inappropriate things, and/or comments from friends, *etc.*) to assess their level of intoxication.⁶²

The practice of controlled intoxication allows drinkers the opportunity to enjoy the effects of excessive alcohol use, while at the same time endeavouring to minimize the impact of alcohol-related harms. This behaviour is well illustrated by four drinkers participating in an alcohol survey group interview. All four regularly drank to varying levels of intoxication and were asked to explain how they knew when to slow down or stop their alcohol consumption:

- Female-1. “Whenever I get tipsy or happy, as soon as I get to that stage. As soon as I am happy, more confident and louder”.
- Male-1. “I usually just keep going. I am usually still in control when I am smashed to a certain degree. I just keep topping it up. Once I hit smashed, then I will slow down a bit, come back down a bit and then keep topping up to that point”.
- Male-2. “When I start saying things I wouldn’t normally say or perhaps shouldn’t say. I know to stop”.
- Female-2. “Mine is kind of weird. If I kind of shake my head from side to side and the room moves slower than my head then I know I have had a bit. So then I probably slow down when my vision can’t keep up with my movement”. (Two male and two female drinkers in their early 20s)⁶³

While many intoxicated drinkers endeavour to limit their level of intoxication, uninhibited binge drinkers, in contrast, place very few restrictions upon their level of inebriation. These drinkers continue to consume alcohol regardless of their level of intoxication and its effects. It is likely that a proportion of these drinkers have entered into varying stages of alcoholism.

DESIRED INTOXICATION

There have always been a proportion of drinkers who have drunk to intoxication for personal relief from life’s difficulties (*e.g.* psychological, social, economic and/or physical problems). International research has found physical evidence to support this age-old practice – showing that the consumption of alcohol can release endorphins in the areas of the brain that produce feelings of pleasure and reward, and that this response is more developed in some people than others.⁶⁴

Within the culture of intoxication, drinkers are typically not drinking to intoxication to escape life’s problems, but drinking to excess because drunkenness is viewed as desirable, fun and synonymous with having a good time, possibly reflecting a similar endorphin effect. These drinkers subscribe to the belief that a good night out is dependent on one’s high level of intoxication. According to one young female research participant:

“You have more fun when you are drunk, or you are more relaxed, and you have a way better time than if you are partially drunk. I think you either do it all the way [get intoxicated] or you don’t do it [drink] at all”. (23 year old female)⁶⁵

A second drinker also comments:

“it gives confidence, yeah. It’s enjoyable being drunk... things are funnier... it’s an enjoyable experience to be drunk”. (mid-20s year old male)⁶⁶

The strong perceived link between fun and intoxication is illustrated in findings from a national youth health survey undertaken in 2007 by Dr Simon Denny and colleagues at the Auckland University’s Adolescent Health Research Group. The survey asked youth drinkers aged 12-18 years why they consumed alcohol and the three most common responses were *to have fun* (77%), *to enjoy parties* (56%) and *to get drunk* (41%).⁶⁷



Figure 40. Drinkers. Photograph by B McEwan.

Similarly, the 2004 ALAC survey asked binge drinkers why they consumed alcohol and the majority reported that they prized the *buzz* and *enjoyment* alcohol offered them.⁶⁸ These drinkers were aware of the alcohol-related harms they may experience as a result of their excessive consumption, but justified the potential consequences as an acceptable risk of a good night out.

While many intoxicated drinkers are choosing to drink to intoxication, there are also a number who drink excessively due to a compulsion, rather than a choice. These drinkers will have entered into the early stages of alcoholism and once they commence drinking they will continue drinking until they are intoxicated. These drinkers no longer have a choice in the amount of alcohol they consume and their drinking is characterised by a *loss of control*. Within the contemporary culture of intoxication it is easy for these alcohol dependent drinkers to hide their condition – both from themselves and from others around them.

In spite of the regular headlines detailing the individual and social harms associated with binge drinking behaviour, not all New Zealanders are convinced that the culture of intoxication is as problematic as it is portrayed by the media.

5. FROM INDIVIDUAL TO SOCIAL – ALCOHOL-RELATED HARM



In June 2008, the owner of a liquor outlet in Manurewa was shot dead at his premises by assailants who stole alcohol products and money. This tragic incident occurred at a time when increasing numbers of New Zealanders were raising concerns about our drinking culture, and it stimulated a national debate that resulted in the Government requesting the New Zealand Law Commission to undertake a public consultation and review of our liquor laws.

In 2009 the Law Commission, under the leadership of Sir Geoffrey Palmer, released its report *Alcohol In Our Lives: An Issues Paper*. After considerable consultation, that included almost 3,000 public submissions, the Commission released its follow-up report in 2010, *Alcohol In Our Lives: Curbing the Harm*. Throughout the two year period during which the Law Commission undertook its review, the issue of alcohol maintained a high level of media attention and stimulated a considerable amount of public debate.

While most written and verbal submissions to the Law Commission detailed strong concern about our drinking culture, not all submitters agreed with this position. Some argued that many New Zealanders consumed alcohol in an unproblematic manner and that it was unfair that the majority of drinkers and/or licensed premises should be penalised for the behaviour of a few. In October 2010, an article published in the *New Zealand Listener* encapsulated the thinking of this alternate view:

“Something is missing in the debate over the liquor laws. It is the voice of the ordinary people who make up the majority of New Zealand’s drinkers.... the debate over alcohol has been so totally captured by anti-liquor activists that these ordinary New Zealanders have largely been excluded”.⁶⁹

Echoing criticisms levelled a century earlier at the temperance movement, the article remarks that:

“The campaign for stricter liquor laws has taken on the tone of a feverish moral crusade.... Whereas the wowsers of that [earlier] era were strongly driven by religious belief, it’s health rather than religion that motivates their modern equivalents.... The activists focus relentlessly on two issues: the harm alcohol does among the minority who abuse it, and the unscrupulous motives of those who make and sell it”.⁷⁰

Over four pages, the article contends that the majority of New Zealanders drink in a responsible manner, that the 1989 liberalisation of our liquor laws produced an improved drinking environment and that our recent per capita level of alcohol consumption has remained reasonably static. Furthermore, it argued that the proposed interventions such as higher excise taxes on alcohol and stricter drink-driving limits would penalise the moderate drinkers for a problem not of their making, and that while alcohol abuse by a highly visible minority is a worrying factor, “the doom-laden portrayal of New Zealand as a nation gripped by addiction to alcohol is at sharp variance with the reality”.⁷¹

As the article rightly contends, a good proportion of New Zealanders drink in a reasonably responsible manner, derive pleasure from their alcohol consumption and cause minimal harm to themselves and others. Why then, should we be concerned about the drinking behaviour of a minority?

COSTS

In September 2008, a group of young New Zealanders spent the day at the Riccarton races before returning to a private residence to continue

socialising. Throughout the course of the evening a number of the group participated in a drinking game and one young male was “on the losing end” of a number of rounds. Later that night the young man fell from his chair unconscious. Realising that something was wrong his friends called for an ambulance but unfortunately his blood alcohol level was four times the legal limit for driving a motor vehicle and he succumbed to alcohol poisoning. At the inquest, the coroner concluded:

“Sadly this is yet another case of the facts of an untimely and premature death, speaking for themselves. This young man was drinking to excess, with friends.... His death resulted from his own actions”.⁷²

The young man’s parents in a statement to the press commented:

“It is extremely difficult to accept [our son’s] death at just 23 years... He was a lovely young man... He was a good and decent person, and his death is indescribably cruel for us”.⁷³

The Child and Youth Mortality Review Committee released a report in 2011 detailing the number of alcohol-related deaths amongst young New Zealanders aged under 25 years. The report concluded that on average 60 young people die annually – more than one death per week - with motor vehicle accidents the primary cause, followed by drowning, assaults, poisonings, falls and suffocations. The Chair of the Committee, Dr Nick Baker (Senior Lecturer at the University of Otago) commented:

“Alcohol behaves like a toxic tide impinging on all children and young people born and growing up in New Zealand.... It must however be remembered that death only represents the very tip of an iceberg of harm related to alcohol in our society”.⁷⁴

Research undertaken by Professor Jennie Connor (Head of the University of Otago’s Department of

Preventative and Social Medicine) and colleagues has shown that nationally across all age groups, approximately 800 premature deaths a year are directly attributable to the consumption of alcohol.⁷⁵ These deaths however, are only part of the story.

The Law Commission’s 2009 report *Alcohol In Our Lives* comprehensively detailed the health, social, justice and economic costs associated with alcohol misuse use. We will not attempt to replicate the full findings of the Commission’s report here – interested readers are encouraged to download and read the report at their leisure^{xiii} - but an outline of the key conclusions will be presented.

TRANSPORT

On a Wednesday morning in March 2010, a Kerikeri woman dropped her young son off at school and was heading home along State Highway 10 when a vehicle coming in the opposite direction crossed the centre line and collided head-on with her vehicle. The woman subsequently died of her injuries. The driver of the second vehicle was breath-tested by Police and recorded a blood alcohol reading of almost twice the legal limit. The drunk driver was a recidivist offender with 16 previous drink-driving convictions, and was subsequently sentenced to four years imprisonment.⁷⁶

Statistics gathered by the Ministry of Transport indicate that alcohol (and/or drug use) is a factor in one-third of all fatal motor vehicle crashes. In 2009, this statistic translated into 138 deaths, 576 serious injuries and 1,743 minor injuries – with an estimated economic cost of approximately \$890 million.⁷⁷ One hundred and thirty-eight deaths represents an extensive network of affected family, friends and colleagues – just as it did for those involved with the death of the young Kerikeri mother.

xiii See: <http://www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor/publication/issues-paper/2009/alcohol-our>

JUSTICE

Data collected by the Police shows that alcohol use is involved in one-half of homicides, one-third of family violence, one-third of violent crime, and one-fifth of sexual offences. Police Commissioner Howard Broad commented to the Law Commission:

“As soon as we began to focus on crime prevention it became abundantly clear that alcohol was a major driver of offending”.⁷⁸

In the year 2005/06, alcohol-related offending was calculated to cost the Police \$172.2 million and the harmful use of alcohol and other drugs was estimated to cost the combined Justice sector (police, courts, prison and probation service) \$716.5 million.⁷⁹

A Senior Sergeant interviewed by the Law Commission described his experience as a police officer patrolling a large CBD alcohol-hospitality district during the early hours of the morning:

“The aggression and abuse from intoxicated people has to be seen to be believed. Girls are sitting in the gutter smashed out of their brains with their underwear on show and their friends nowhere to be seen. Nobody looks after each other and the police are left to pick up the pieces”.⁸⁰

While the link between alcohol and offending is complex and involves many environmental and individual variables, the finding that one-third of all recorded crime involves an offender who has consumed alcohol prior to committing the offence highlights the contributory role alcohol plays in our society’s crime rate.^{xiv}

SOCIAL

Alcohol contributes to, or exacerbates, a wide variety of social issues including family violence, impaired parenting, relationship difficulties, child



Figure 41. Alcohol and children. Photograph by B McEwan.

abuse, poverty, sexual ill-health and unplanned pregnancy, educational failure, social disturbances, vandalism, community safety, and impaired work performance.

To include the barrage of statistics and individual stories required to detail each of these alcohol-related social issues fully would require a second book. It is fair to say that many of these stories would involve great sorrow – much of it preventable.

What is clear is that alcohol-related social issues affect many of us, with one-quarter of New Zealanders reporting that they have experienced harmful alcohol-related effects within their home life and over one-third having experienced harmful effects within their broader social life. This research finding represents over one million New Zealanders.⁸¹

HEALTH

The long-term health effects of alcohol contribute directly to over 60 different diseases and conditions including cancers, gastro-intestinal conditions, mental and foetal disorders. It is likely that few people would link alcohol with cancer; however alcohol-related cancers are responsible for approximately one quarter of alcohol-attributable deaths – including liver cancers, breast cancers and colorectal cancers.⁸²

Alcohol use is also strongly linked with physical injuries, as intoxicated people tend to cause injuries both to themselves and to others. Wellington Hospital Emergency Medicine specialist Dr Paul Quigley, in his submission to the

xiv For an overview of the relationship between alcohol and crime, see Chapter 5 at: <http://www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor/publication/issues-paper/2009/alcohol-our>

Law Commission, estimated that two-thirds of the department's injury work over the weekend period was alcohol-related.^{xv}

National figures produced by the Accident Compensation Corporation reveal that almost one-quarter of all injury claims have alcohol as a contributing factor: costing the Corporation approximately \$650 million each year.⁸³

Although there has been some research to show that alcohol use in later life may provide a number of positive health benefits, these findings remain highly contentious, and the overall impact of alcohol use by the New Zealand public is significant loss of life.⁸⁴

ALCOHOL DEPENDENCY

Alcohol is a mind-altering drug and like all drugs it has an addictive potential. The National Committee for Addiction Treatment reports that over 20,000 New Zealanders are treated in the publicly-funded health system each year for an alcohol or other drug problem; and it is estimated that 120,000 New Zealanders currently suffer from an alcohol dependency disorder – alcoholism.⁸⁵

Nobody sets out to develop alcoholism. Most people commence drinking because they enjoy – or look forward to enjoying – the taste, image and experiences associated with alcohol. And yet, over time, some drinkers will find that alcohol begins to affect them in a way that is different from other drinkers. For some drinkers their addiction will be characterised by a *loss of control* once they commence drinking – these drinkers may be able to keep away from alcohol but once they begin drinking they will almost always drink to intoxication. For other addicted drinkers their consumption will be characterised by *daily drinking* – these drinkers may not be regularly intoxicated but they will certainly ensure they have a daily supply of alcohol available

to them, and if they do stop drinking they will experience a mixture of withdrawal symptoms, *e.g.* cravings, irritability, the shakes and sweats.

For readers who have not experienced a family member, friend, or work colleague suffering from alcoholism, it can be difficult to fully appreciate the strength of the addiction, and the physical and psychological struggle the drinker experiences in endeavouring to stop or reduce their alcohol consumption. Sadly, many addicted drinkers never win their battle with alcohol and live out the remainder of their lives under the shadow of its influence.

RESPONSIBILITY

The financial cost of alcohol misuse upon our society is immense. A 2009 BERL Economic report titled *Costs of Harmful Alcohol and Other Drug Use*, commissioned by the Ministry of Health and ACC, estimated the total economic cost of alcohol-related harm to the country to be \$4-5 billion per annum.^{xvi} As the *New Zealand Listener* article highlighted, it may not be the majority of New Zealanders who are drinking problematically; but it is all New Zealanders who must carry the economic and social costs of our drinking culture.^{xvii}

How did our drinking culture reach this position in the early 21st century, despite governmental and non-governmental agencies, individuals, and community groups actively working to develop a less harmful New Zealand drinking culture? And why are similar patterns of intoxication and similar alcohol-related problems facing many other developed nations?

xv For an overview of the relationship between alcohol and health, please see Chapter 6 at: <http://www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor/publication/issues-paper/2009/alcohol-our>

xvi There has been some debate concerning the total financial cost of alcohol misuse in New Zealand (see Crampton, 2011).

xvii For further information detailing the relationship between alcohol and various harms, please see Chapter 4 at: <http://www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor/publication/issues-paper/2009/alcohol-our>

DRINKING INFLUENCES



Figure 42. Photograph by B McEwan.

6. THE PERFECT STORM – LOCAL AND GLOBAL FACTORS

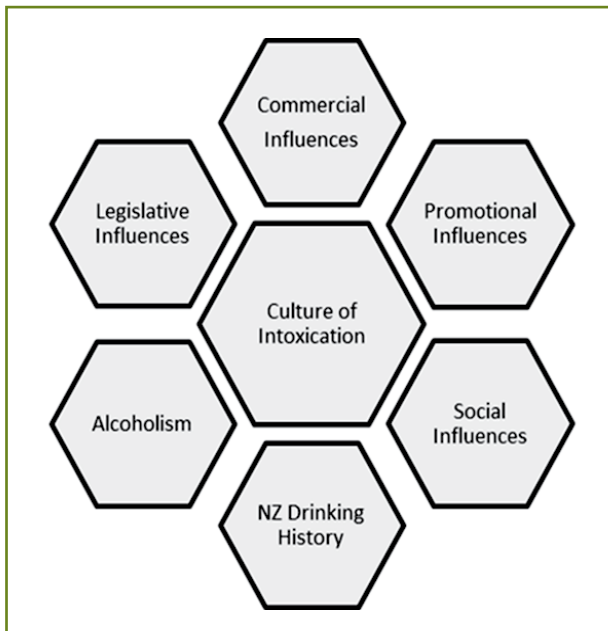


Figure 43 Influences shaping the New Zealand culture of intoxication.

New Zealand is not alone in having a culture of intoxication. Similar drinking patterns are evident in many other developed nations including the United Kingdom, Australia, the USA and much of Europe. A steady stream of international media headlines has documented this growing phenomenon: “Binge-drinking a ticking time bomb” (The Sydney Morning Herald), “British girls biggest teenage binge drinkers in Western world” (The Guardian), and “1 in 4 young people binge drink” (The New York Times).⁸⁶

While there has always been a proportion of drinkers who have consumed excessive amounts of alcohol for perceived individual reasons (*e.g.* to cope with stress and general life difficulties), we contend that the overall population trends currently in evidence are the result of influential national and global factors, rather than simply aggregates of disaffected individuals.⁸⁷

We propose that the contemporary culture of intoxication is the consequence of a nexus of *legislative, commercial, promotional* and *social*

influences that have together reshaped New Zealand society and much of the developed world since the 1960s. Although each of these influences will be detailed individually in the following chapters, it is the combined and cumulative effects of these factors, along with *alcoholism* and New Zealand’s *drinking history*, which has created and continues to sustain our excessive drinking culture.

It is also important to note that these alcohol-related influences are multi-levelled in their effects; in as much as they impact upon the drinker’s personal background, the drinking norms of their social networks and local drinking environment, along with the national and global drinking cultures, as depicted in Figure 44.

COMMODITY OR DRUG?

An influential theme running through the following chapters will be the changing public perception of alcohol as a *commodity*. This fundamental issue was the subject of a landmark book commissioned by the World Health Organization titled *Alcohol: No Ordinary Commodity - Research and Public Policy*.⁸⁸ The key idea underpinning the publication is represented below as an alcohol-based commodity continuum (Figure 45).

At one end of the continuum, alcohol is viewed as a non-ordinary commodity. This position contends that alcohol is a liquid *drug* and like other legal (pharmaceutical) drugs requires extensive restrictions to be placed upon its sale and promotion. At the other end of the continuum, alcohol is viewed as an ordinary commodity. This position argues that alcohol is a popular legal product and commercial interests have a *free-market* right to profit from its sale.

The non-ordinary commodity position argues - as alcohol is a drug and the source of a significant

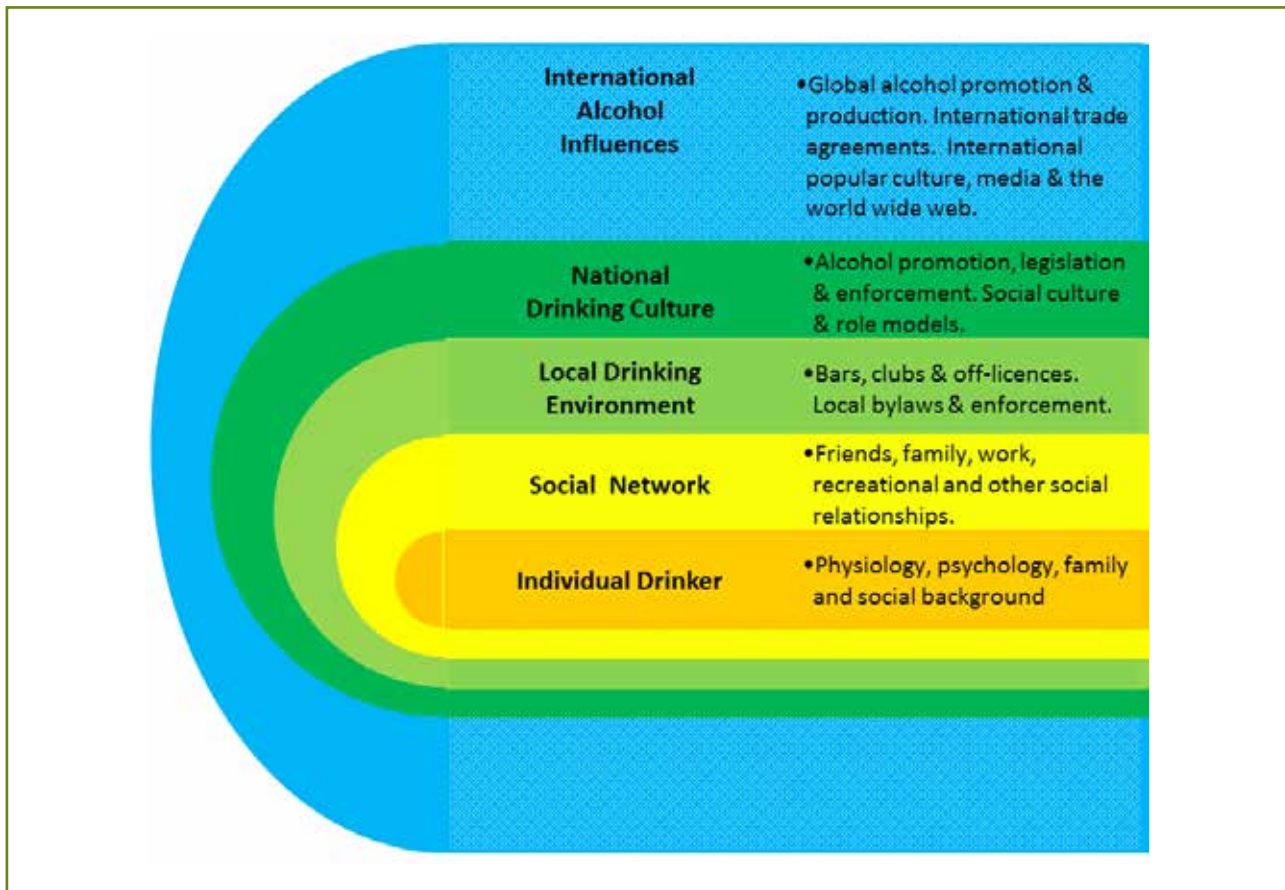


Figure 44. Levels of drinking influence.

amount of preventable harm – that the *rights of society* to protect the common good supersede the commercial rights of the alcohol industry. This view was widespread within the temperance movement during the early 1900s and is again growing in favour 100 years later.^{xviii}

In contrast, the *free market* view of alcohol maintains that (apart from a restriction on the supply of alcohol to minors) business interests

have the commercial right to produce and supply alcohol products in the same manner as any other consumer good. This position was fortified by legislative changes instituted under the 1989 Sale of Liquor Act and its subsequent Amendments.

The Government and business interests that championed these changes argued that as alcohol was a valuable and legal component of the economy, it was reasonable to place alcohol products for sale in supermarkets and grocery stores alongside other ordinary commodities, to promote alcohol products through advertising and sponsorship arrangements within the community, and to position off- and on-licence outlets freely within suburban areas (like any other commodity retailer). This free market view also contends that it is in the consumer's best interest for the marketplace to compete to provide the cheapest/

^{xviii} An extreme example of this position was a recommendation made by the 1945 Royal Commission of Inquiry. At the time of its review, the Commission was so concerned about the implications of liberalising the regulations governing alcohol in New Zealand, that it recommended a full nationalisation of the alcohol industry - effectively placing all aspects of alcohol under state control. Although this dramatic and far-reaching recommendation was subsequently ignored by the Government of the day, it did highlight the Commission's opinion that alcohol was a non-ordinary commodity (drug) requiring significant state control. Interestingly, Finland has a system of 'state purchase and control' introduced at the end of prohibition in 1932, with a monopoly chain of Alko shops which all stock the same range of beer, wine and spirits at uniform prices with limited advertising.

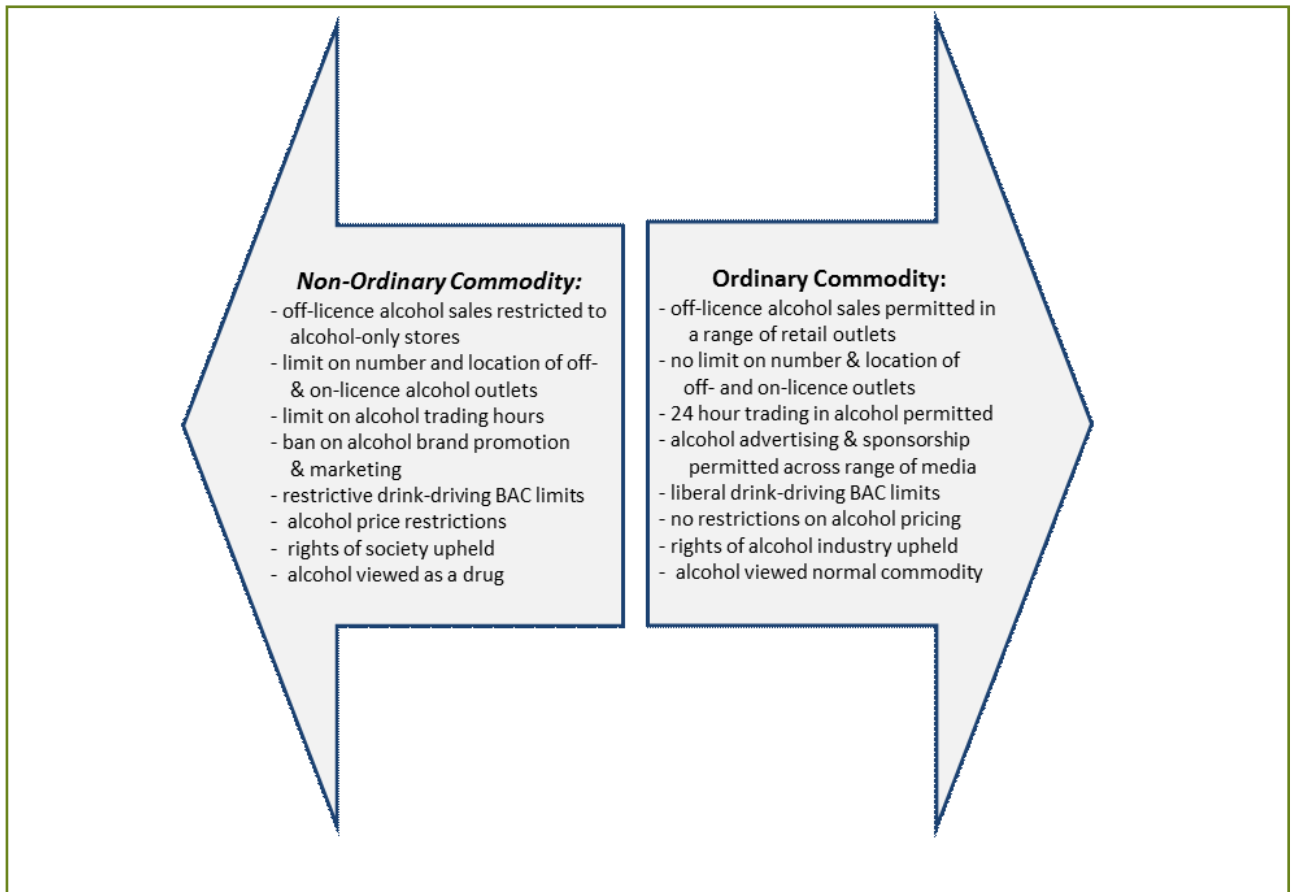


Figure 45. Alcohol commodity continuum.

best alcohol products.^{xix}

Proponents of the alcohol-as-an-ordinary-commodity position, commonly endorse an ideology of individual responsibility: arguing that any harmful effects that result from the misuse of

^{xix} The legal sale of synthetic cannabis products during the early 2000s is a good example of this commercial position. Up until recently these products could be sold and promoted from almost any retail outlet.

alcohol are the consequence and responsibility of the individual drinker, as a faulty consumer.

In contrast, proponents of the position that alcohol-is-a-drug, contend that alcohol misuse is (in part) the consequence of a billion dollar commercial industry that promotes, profits and depends upon a large number of New Zealanders purchasing a mind altering and potentially addictive drug.

7. NURTURING PRACTICES – SOCIAL INFLUENCES

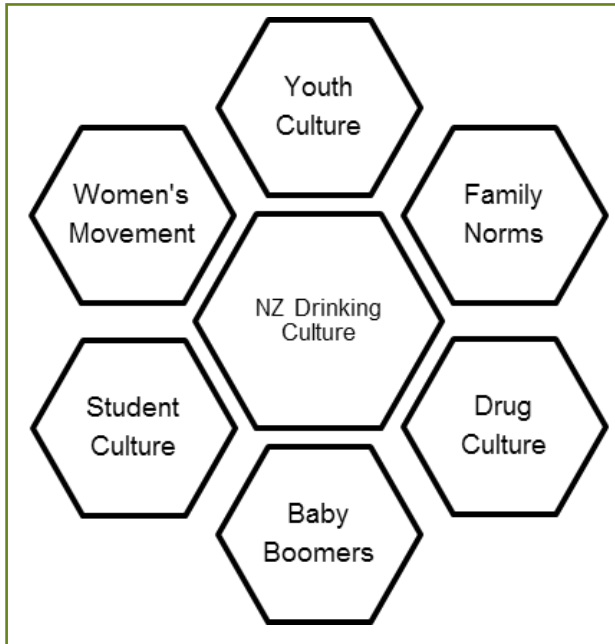


Figure 46. Social influences that shape the New Zealand drinking culture

BABY-BOOMERS

“My generation had to be taken seriously because we were stopping things and burning things. We were able to initiate change, because we had such vast numbers. We were part of the baby boom, and when we moved, everything moved with us”.⁸⁹

The *social story* of the culture of intoxication begins with the arrival of the baby-boomer generation, as this group was so influential in ushering in the social changes of the late 1900s. The New Zealand baby-boomers were very much a part of, and heavily influenced by, an international baby-boomer demographic that occurred within developed countries at the end of World War Two. As a group, the baby-boomers were notable for challenging many of the established values and behavioural norms of their parents’ and grandparents’ eras. Whereas earlier generations had often been in a hurry to grow into the clothing

styles and behavioural norms of their elders, the baby-boomers were distinguished by their desire to do things differently. As a consequence, young men began to grow their hair long and young women began to cut their skirts short. This generation was notable for its experimentation with new genres of music, alternative lifestyles, and alcohol and drugs.

The baby-boomers were also particularly fortunate to grow up in an era of post-war prosperity where jobs were plentiful and wages were robust. Whereas previous generations of working class New Zealanders had laboured long hours and typically had little time or money available for recreational activities, the baby boomers enjoyed increasing levels of disposable wealth and extended leisure time. This generation would prove to be the catalyst for social, educational, economic and technological changes that would forever transform our society, including our drinking culture and youth culture.

YOUTH CULTURE

The culmination of most New Zealand children’s education during the early 1900s was the Proficiency Exam, administered at the average age of 12-13 years. (Figure 47 features an early 1900s classroom setting). It was not until 1944 that the Director-General of Education, C.E. Beeby, raised the school leaving age to 15 years stating that “it is essential for the school to keep a grip on ... [children] in these essential years”.⁹⁰

As a result of raising the leaving age and the growing number of baby-boomers entering the schooling system, the number of students enrolled in secondary education more than doubled from 1945 to 1960. During this period, students typically left school at 15-16 years of age to work, with only a minority of students



Figure 47. Makowhai School, 1909. Photograph by Frank Denton, Tesla Studios (Alexander Turnbull Library, Ref: 1/1-020894-G).

remaining at school to undertake university entrance examinations. The social expectation was that these young workers would integrate into the workforce and rapidly transform themselves into adults, often under the guidance of older workers. There was also an expectation that many of these young single workers would remain living at home with their families until they married.

It was in the 1950s that sociologists first started to use the term *youth culture* to describe social changes that were emerging for young people in developed countries. This formative-phase youth culture was a subculture of the wider society that offered an identity – with distinct styles, behaviours and interests – outside the traditional social institutions of family, work and church. Due to the influence of USA-based cinema, music and magazine media, this growing youth culture increasingly emulated American popular culture. Young males began to slick their hair back like Elvis Presley and James Dean, and young women began to follow USA rock ‘n’ roll clothing fashions. Cars, motorbikes and scooters became both a source of freedom to move about independently and also symbols of youth culture.

Over time New Zealand youth culture developed its own identity and alcohol use (later followed by drug use) became a feature for some.

It is not surprising that youth have been, and continue to be, attracted to alcohol. Curiosity, the need for peer acceptance, taste and the mind-altering properties of alcohol all combine to confirm alcohol as an *adult* substance that has a powerful symbolic meaning. Alongside the formal commercial advertising of alcohol, there is also a potent popular culture promotion of alcohol through music videos, movies and social media networks that reinforces drinking as a desirable adult activity. In much the same manner as gaining a motor vehicle driving licence and engaging in sexual activities, alcohol use constitutes a rite of passage into adulthood for many youth.^{xx}

Over the past 60 years the age boundary of youth culture has extended and today youth are generally not viewed as having entered into adulthood until at least 18 years of age and for some not until their early 20s. Education has played a role in this extension through prolonging secondary school attendance to the current norm of 18 years and by encouraging participation in tertiary education, which can delay a young person’s entry into the fulltime work force until their early to middle twenties.^{xxi}

Conversely, youth unemployment has also played a role in delaying entry into adulthood for those young people who leave school and cannot find work. Ministry of Labour figures show that over the past twenty years 10-20% of school leavers have been registered as unemployed each year.⁹¹ These young people often face long periods of unemployment interspersed with periodic engagement with job-creation schemes. Research shows that unemployed youth/young adults consume larger amounts of alcohol than their same-age working peers.⁹² The development and

xx And profoundly affects both driving and sexual activity.

xxi Indeed, the official view of children as dependents has been extended to the age of 25 years for tertiary students applying for Student Allowance support - as parental income affects a student’s entitlement up until this age.

extension of youth culture over the past fifty years has provided an environment where a minority of young people regularly engage with high levels of alcohol misuse.^{xxii}

WOMEN'S MOVEMENT

Historically, female drinking behaviour had been restricted by social norms that incorporated the notion that the use of alcohol by women would adversely affect their social reputation and family responsibilities. Since the 1960s, the role of women has transformed considerably from the traditional role of the stay-at-home, financially dependent home-maker and mother. The efforts of the feminist movement – amid other economic and social forces – have enabled increasing numbers of New Zealand women to join the paid work force, enrol in tertiary education and become financially more independent. At the same time, the latest sexual revolution was unfolding and the stigma associated with pre-marital sexual contact was diminishing. The availability of the contraceptive pill in the 1960s allowed single women to engage in sexual relationships without the risk of pregnancy and (as married women) postpone or limit having children in a manner that was not available to previous generations. Over the past 50 years the median age of first time mothers in New Zealand has been steadily increasing from 22 years in the 1960s through to 24 years in the 1970s, to 27 years in the 1980s, 29 years in the 1990s and 30 years in the 2000s.

As women began to take greater control of their lives, this not unexpectedly extended to their social activities and coincided with a shift in their drinking behaviours.⁹³ The introduction of the restaurant licence in the 1960s, followed by BYO licences in the 1970s, increasingly allowed women



Figure 48. Greek Youth Club dance, Wellington, 1969. Photograph by Peter Cejnar (Alexander Turnbull Library, Ref: 1/2-180166-F).

to drink in public venues outside male-dominated hotels, and over time this development helped lift the stigma associated with female public drinking (Figure 48)

The growth in female drinking provided new commercial opportunities for the hospitality industry. In the 1990s (after the 1989 deregulation) the owners of bars began to develop facilities designed to attract female drinkers in ways that previous generations of hotel and tavern publicans had never considered. Some bars renovated with fresh décor, mood lighting and couches to provide a vibrant and female-friendly environment. This was in sharp contrast with the traditional male-oriented bars with their wooden furnishings, plain lighting, bar stools and sports memorabilia on the walls. Bars also began to target women drinkers through *female-only* promotions that offered free entry, discounted drinks, competitions and product-related giveaways.

Alcohol producers – most particularly the wine industry, later followed by the RTD spirit industry – were also quick to recognise the flourishing female alcohol market. Early wine advertising from the 1980s targeted female drinkers by associating wine brands with an aura of sophistication, beauty, celebration and refined taste. This wine product image was distinctly feminine and stood neatly alongside the beer marketing of the time which

xxii 2012 research found that amongst 15-17 year olds, one in ten regularly consumed hazardous volumes of alcohol (see MOH, 2012). Tertiary students (typically aged 18-21 years) have also been found to consume hazardous volumes of alcohol.

was typically associated with male mateship, hard work and sports.

The advent of RTD products in the 1990s was also targeted at female drinkers by associating these new drinks with fun, friendship, partying and a night-club image. Over the past twenty years the wine and RTD spirit market has demonstrated strong growth and a sizable portion of this development is a consequence of increased alcohol consumption amongst women.^{xxiii}

As women have increasingly integrated alcohol use into their home and social lives, the same social and commercial influences that have historically encouraged males to drink excessively, are now also impacting upon a growing proportion of women. At the same time, the stigma associated with female intoxication has apparently steadily reduced. Indeed, recent research assessing the drinking behaviour of New Zealand women in their twenties revealed that “binge drinking was a normalised and social activity that participants viewed as unproblematic”.⁹⁴

STUDENT CULTURE

Alcohol misuse amongst tertiary students is not a recent phenomenon. As early as the 1890s graduation ceremonies at the University of Otago were banned due to what was described as “riotous student behaviour”.⁹⁵ Similar descriptions applied seventy years later when students from the University of Auckland routinely overran the city with pub crawls and mass motorbike rides, all in the name of having a good time. Bar patrons and publicans alike complained about the students’ behaviour, with patrons losing their regular watering holes to the students – at least temporarily – and publicans left to cope with the destruction associated with what often resembled a rampage. Auckland was not an exception however.

xxiii It must be noted that dark-spirit RTD drinks have also become popular with some male drinkers.

Excessive alcohol use has been a common theme at all New Zealand universities – with past students from Canterbury, Lincoln, Massey, Victoria and Waikato Universities all able to provide stories of alcohol-fuelled student activities (Figure 49).

From the 1960s, the New Zealand tertiary system moved from being an elite to a mass system of education. This change was in part associated with the increasing number of baby-boomers leaving secondary school and in part due to political initiatives aimed at ensuring tertiary education became more accessible to a broader swathe of the population. In 1965 just over 50,000 New Zealanders were enrolled in public tertiary education. By 1976 this had doubled to just over 100,000 and it doubled again to 200,000 by 1993. In 2002 more than 300,000 students were engaged in tertiary study, rising to a peak of almost 400,000 in 2005.

Today, almost one half of all 18-19-year-olds and a third of 20-24-year-olds have been enrolled in tertiary education. For many of these students, tertiary education has involved engaging with a student drinking culture that has had a long association with intoxication. Past media images



Figure 49 University students participating in a street procession, Wellington, 1950. Photograph by the Evening Post newspaper (Alexander Turnbull Library, Ref: 114/145/10-G).



Figure 50. Tertiary student Undie 500 cartoon, 2007. Cartoon by Michael Morea, Christchurch Press (Alexander Turnbull Library, Ref: DCDL-0003790).

of student binge drinking behaviour have included the infamous 'Undie 500' student car race (Figure 50), students burning couches during street parties, and intoxicated students vandalising property during the university sports Easter Tournament. These incidents typically conflate student culture and the culture of intoxication.

It is only in recent years that systematic research on student drinking behaviour has been undertaken by the Dr Kyp Kypri and colleagues at the University of Otago's Injury Prevention Unit, and their findings reveal that a significant proportion of New Zealand tertiary students binge drink and regularly experience an extensive range of alcohol-related harms.⁹⁶ Overseas research has also demonstrated that excessive drinking patterns formed during the tertiary education years can often continue into later adulthood.⁹⁷ It is highly likely that over the past forty years a significant

proportion of young New Zealanders have been introduced to a culture of intoxication as a component of student culture, and that some of these students have carried this excessive drinking behaviour into their subsequent working and community lives (Figure 51).

Interestingly, throughout much of the 1900s, university cities were generally tolerant of student drinking antics, viewing the behaviour as a developmental stage and as an expression of *student fun*. By the 1990s however, police and public attitudes towards students' drunken behaviour had begun to change. Annual student pub crawls, chunder-marathons^{xxiv} and orientation week antics were no longer viewed as harmless events. This transformation in attitude was due to a range of factors, not least of which was the

xxiv The term 'chunder' is slang for vomiting.

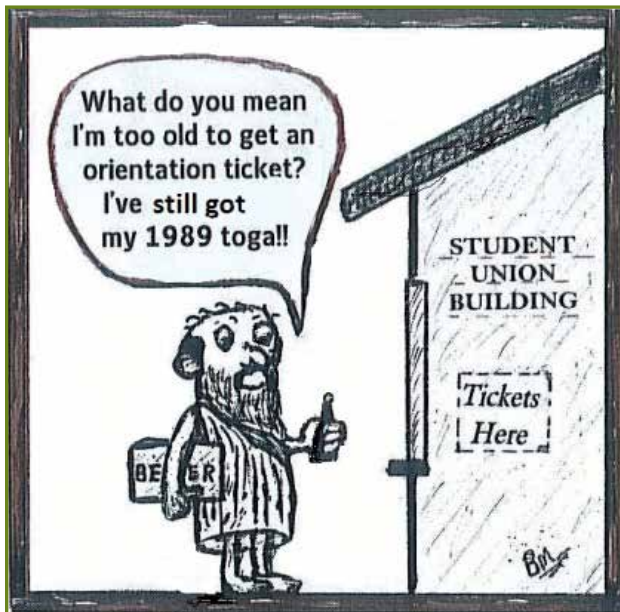


Figure 51. Aging tertiary student cartoon, 2012. Cartoon by Brett McEwan.

sheer number of students now involved in these activities (reflecting the sharp increase in tertiary student numbers overall), along with the higher proportions of female students joining their male counterparts in intoxicated behaviour. These developments occurred in tandem with an increasing social awareness of the significant harm and economic costs this intoxicated behaviour was causing to both the students themselves and to the public more generally.

DRUG CULTURE



During the 1960s, illicit drug use grew in popularity amongst sections of New Zealand society and this trend strengthened throughout the 1970s as locally-cultivated cannabis became increasingly available. In 1974, the Royal Commission investigating alcohol use in New Zealand documented the growing concern many parents had about the increasing use of recreational drugs:

“We heard evidence to the effect that numbers of parents prefer the devil they know to the devil they don’t know and are generally relieved that their young [sons and daughters] prefer to get ‘high’ on alcohol than to get ‘high’ on drugs”.⁹⁸

In the period since the 1974 Royal Commission report cannabis has continued to remain very popular, with a recent national survey finding that almost half of New Zealanders had used cannabis in their lifetime.⁹⁹ Since the 1980s, New Zealand (like much of the developed world) also experienced an increase in the use of other drugs including party pills such as Ecstasy and amphetamine-based drugs like P. At the beginning of the 2000s legal BZP party pills also became very popular, with one in five 13-45-year-olds having sampled them by mid-decade.¹⁰⁰

Researchers in the United Kingdom have proposed that the antecedents of the United Kingdom’s contemporary binge drinking culture lie, in part, in the emergence of the British drug culture – and particularly the *rave culture* from the 1980s through to the late 1990s. They argue that the frequent use of stimulant drugs by dance culture participants during this time led to the normalisation of drug use amongst a segment of the young adult population, and over time alcohol use was in turn integrated with drug use to create a new leisure lifestyle where an altered state of consciousness was viewed as the goal of an evening out and as being synonymous with having a good time.

In New Zealand, drug use has had the same potential to influence the national drinking culture. Over the past forty years, as large numbers of New Zealanders have indulged in cannabis and other drugs (often in conjunction with alcohol), a leisure lifestyle of *getting out-of-it* or *wasted*^{xxv} has

xxv It is interesting to note that “trolleyed” is another popular term – one that resonates with admission to Accident & Emergency departments as a result of the harm resulting from excessive alcohol consumption!

developed wherein an altered state of consciousness is viewed as a desirable and normal recreational goal. It is probable that this drug-based culture has blended with alcohol use to support a culture of intoxication in some parts of the population and the accompanying mind-set has spilled over into the non-drug-using drinking population.

FAMILY

There have always been a proportion of New Zealand families, across all socio-economic and ethnicity groupings, that have had a strong tradition of heavy alcohol consumption. In some families this drinking behaviour has been the outcome of multi-generational drinking attitudes that have stalwartly promoted heavy alcohol use as a normal and desirable activity. In other families excessive drinking behaviour has been the result of a family member, or members, afflicted by alcoholism. Regardless of the cause, significant numbers of young New Zealanders have been introduced to excessive alcohol use through the drinking behaviour modelled within their family environment.

Historically, family drinking behaviour was predominantly the domain of male family members; however, since the 1960s onwards the dynamics of family alcohol use began to change. Firstly, as the social norms that prevented women from drinking heavily diminished in influence, some female family members began to join males in drinking to intoxication. Secondly, the

introduction and popularity of cannabis and other drugs within certain sections of society, and within some families, meant combined alcohol and drug use became increasingly commonplace. Today a house party for some families will involve both male and female partygoers getting intoxicated and/or high on various alcohol and drug products, while younger children may be neglected and older children may be encouraged to participate.

While alcohol/drug abuse affects families across all socio-economic groupings, research undertaken by the Ministry of Health reveals that men and women living in areas of high neighbourhood deprivation (*i.e.* poverty) are more likely to consume larger amounts of alcohol and experience a higher range of alcohol-related harms (compared with men and women living in areas of low neighbourhood deprivation).¹⁰¹ It is likely that there is a complex range of variables influencing this development, with poverty just one factor, albeit important.

What is clear is that we have many children in this country who grow up in family environments, both rich and poor, where alcohol and/or drug abuse is a common behaviour. While some young people in these family environments will go on to reject this behaviour and subsequently choose to drink moderately or not at all, not surprisingly, a proportion will go on to replicate the drinking behaviour of their family, and will tragically become part of a multi-generational cycle of alcohol abuse and addiction (Figure 52).



Figure 52. NZ youth cartoon, 2005. Cartoon by Alistair Nisbet, The Press, Fairfax Media (Alexander Turnbull Library, Ref: DCDL-0006106).

8. STATUTES, SUPPLY AND SALES – LEGISLATIVE AND COMMERCIAL INFLUENCES



Figure 53. Legislative and commercial influences that shape the New Zealand drinking culture

LIQUOR OUTLETS

The 1989 Sale of Liquor Act expanded the number and types of retail off-licence outlets permitted to sell the full range of alcohol products to include a plethora of small suburban liquor stores and wholesalers. Prospective off-licensees were no longer required to prove a community need for a new outlet and enterprising entrepreneurs quickly began converting existing local retail stores (e.g. butcheries, hair salons, fruit and vegetable shops) into liquor outlets. The Act also enabled supermarkets and grocery stores to sell wine, and literally overnight these retailers removed a portion of their grocery stock to replace it with wine products, and after 1999 with beer products.

Nationally, the number of off-licence premises rose from 1,600 in the early 1990s to over 4000 by the 2010s. The dramatic increase in the number of suburban bottle stores, alongside the sale of alcohol from grocery stores and supermarkets, led to a growing chorus of concern about the high density of liquor outlets within the community. During

the recent Select Committee public consultation process, thousands of submitters called attention to this issue, and the following submission from an Auckland community group is typical of this concern:

“We are greatly concerned about the level of alcohol-related harm in our community and wider New Zealand, and believe it warrants a new approach, one that offers greater protection and promotion of public health and community safety.... We are concerned about the availability of alcohol in our communities, especially the density of outlets.... [We ask that you] restrict off-licence sales to dedicated liquor stores only”.¹⁰²

These community concerns are supported by research showing that increases in liquor outlet density lead to increased competition in alcohol pricing, longer operating hours and higher levels of alcohol-related harm. The research also shows that economically-deprived urban communities are more likely to be burdened with a higher density of liquor outlets.¹⁰³ It is somewhat ironic that the positive aim of the 1989 Act, which was to reduce alcohol-related harms through the integration and normalisation of alcohol use into our everyday social lives, has had the (presumably) unintended consequence of placing a liquor outlet into almost every suburban block of shops throughout the country, and normalising instead the sale of alcohol products in our corner grocery stores and supermarkets (Figure 54).

SUPERMARKET AND GROCERY STORES

The 1989 decision to allow supermarkets and grocery stores to sell wine and beer has resulted in a number of influential unintended consequences.

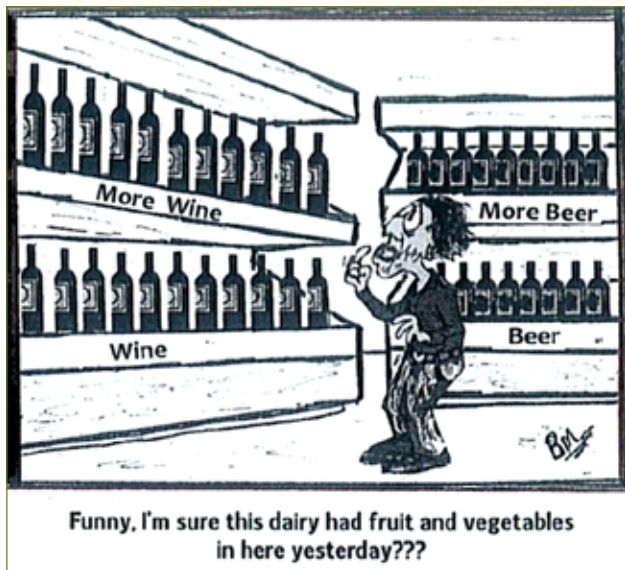


Figure 54. The introduction of wine and beer products into New Zealand grocery stores cartoon, 2012. Cartoon by Brett McEwan.

Today, two-thirds of national off-licence wine sales and one-half of beer sales occur through these outlets. Supermarkets with their superior buying power, have now become a particularly powerful segment of the alcohol market – with retail figures showing that they are able to sell wine and beer products at a price 5-10% lower (on average) than the traditional alcohol-only outlets.¹⁰⁴

Allegations have also been made that supermarkets periodically sell wine and beer at *loss-leader* prices (*i.e.* less than the wholesale price they pay for the product) as a marketing strategy to attract consumers into their stores.¹⁰⁵ While supermarket representatives strenuously deny these allegations, it is clear that some supermarkets regularly advertise heavily discounted alcohol products as a key feature of their store promotions. Although many consumers applaud lower alcohol prices, international research findings unequivocally demonstrate that the price of alcohol significantly affects consumer alcohol purchasing decisions and consumption trends.¹⁰⁶

Another consequence of liberalising the off-licence market is the growing imbalance between the off-licence price and the on-licence price of alcohol products. Since 1999 there has been an

almost 50% increase in prices for alcohol consumed at on-licence premises, sharply contrasting with a 20% increase in off-licence alcohol prices.¹⁰⁷ This growing price imbalance, plus the extension of bar operating hours in 1999, has encouraged a trend of drinkers *pre-loading* with cheaper off-licence alcohol in a residential or car park setting prior to arriving at an on-licensed bar (Figur 55).

For drinkers who subscribe to the culture of intoxication it makes economic sense to consume cheaper off-licence alcohol to a predetermined level of intoxication prior to moving to on-licensed premises. This situation creates many challenges for staff working within the night-time alcohol-hospitality economy: taxi and bus drivers must transport these intoxicated drinkers into alcohol-hospitality districts, bar staff face the challenge of assessing a patron's state of intoxication prior to entry, and bar managers are responsible for the behaviour of intoxicated individuals who may have consumed very little alcohol within their premises. This situation is now so problematic, that in a submission to the Select Committee, the Hospitality Association of New Zealand forcefully argued that:

“Supermarkets are driving binge drinking with aggressive pricing and should be banned from selling alcohol... [and that] unless Parliament addresses the issue of the sale of alcohol from supermarkets ... the worst features of New Zealand's alcohol consumption will continue unabated”.¹⁰⁸

A large number of submissions to the 2011 Select Committee also contended that the 1989 and 1999 decisions to allow wine and beer products to be sold alongside other grocery items in supermarkets and corner dairies, has had the effect of shifting the consumer image of wine and beer products from a previously clear *non-ordinary commodity* image (*i.e.* a product sold only in specialised alcohol stores) towards an ordinary commodity image. Submitters argued that when alcohol is placed for



Figure 55. Pre-loading cartoon, 2012. Cartoon by Brett McEwan.

sale alongside other essential everyday goods, it is easy for us to forget that alcohol is a mind-altering drug and that some of our community experience significant difficulties with its use. For members of the public now very familiar with seeing wine and beer products for sale alongside other grocery items, and also used to the convenience of this arrangement, it can perhaps be difficult to appreciate the subtle implications of this situation.

An effective way of highlighting this dynamic is to use a hypothetical example involving another popular mind-altering product that is currently illegal and therefore not on public view for sale:

cannabis. Putting aside the pros and cons of the cannabis debate, let us hypothetically consider a future generation of New Zealanders who decide to legalise the sale of cannabis. In this hypothetical scenario, the Government of the day would need to decide where cannabis could legally be sold: *e.g.* only in speciality cannabis stores, or alongside alcohol products in wholesale bottle stores, or alongside ordinary grocery items in supermarkets and corner dairies – similar to the contemporary sale of wine and beer products.^{xxvi} It is highly

^{xxvi} And up until recently synthetic cannabis products.

unlikely that many would advocate the latter option of allowing cannabis products to sit alongside ordinary commodities, and informal polls reflect this opinion (Figure 56).

In the U.S.A., where cannabis products are legally sold in a number of States for medical purposes, authorities permit cannabis products to be traded only within speciality cannabis outlets. As a mind-altering substance with the potential for harm, State law-makers established strict regulations to maintain a clear *non-ordinary commodity* status for cannabis products. Many submitters to the Select Committee held a similar view in regard to the sale of wine and beer products from grocery stores and supermarkets (advocating for a return to the pre-1989 legislation that allowed only speciality alcohol outlets).

A second and closely related issue raised with the Select Committee was the impact that the sale of alcohol products in supermarkets and corner grocery stores was having upon members of the community who are attempting to reduce or end their alcohol consumption. The Law Commission

estimated that more than 120,000 New Zealanders currently suffer from a clinically diagnosable alcohol disorder.¹⁰⁹ As anyone who has witnessed a family member, friend or colleague struggle with a drinking problem will attest, alcohol can be a very difficult substance to resist – and in our current retail environment, problem drinkers must face alcohol products every time they enter a grocery store or supermarket to purchase their everyday items. The Alcohol and Drug Association of New Zealand, who manage the national Alcohol and Drug Helpline, summarised this concern in their submission to the Select Committee:

“Alcohol is not an everyday commodity, yet it is openly sold where the majority of us buy our essential, everyday goods – in the supermarket. Placing alcohol for sale alongside ordinary foodstuffs sends out the wrong message and more importantly, makes it significantly harder for people such as our callers who are trying to moderate their drinking or avoid it”.¹¹⁰

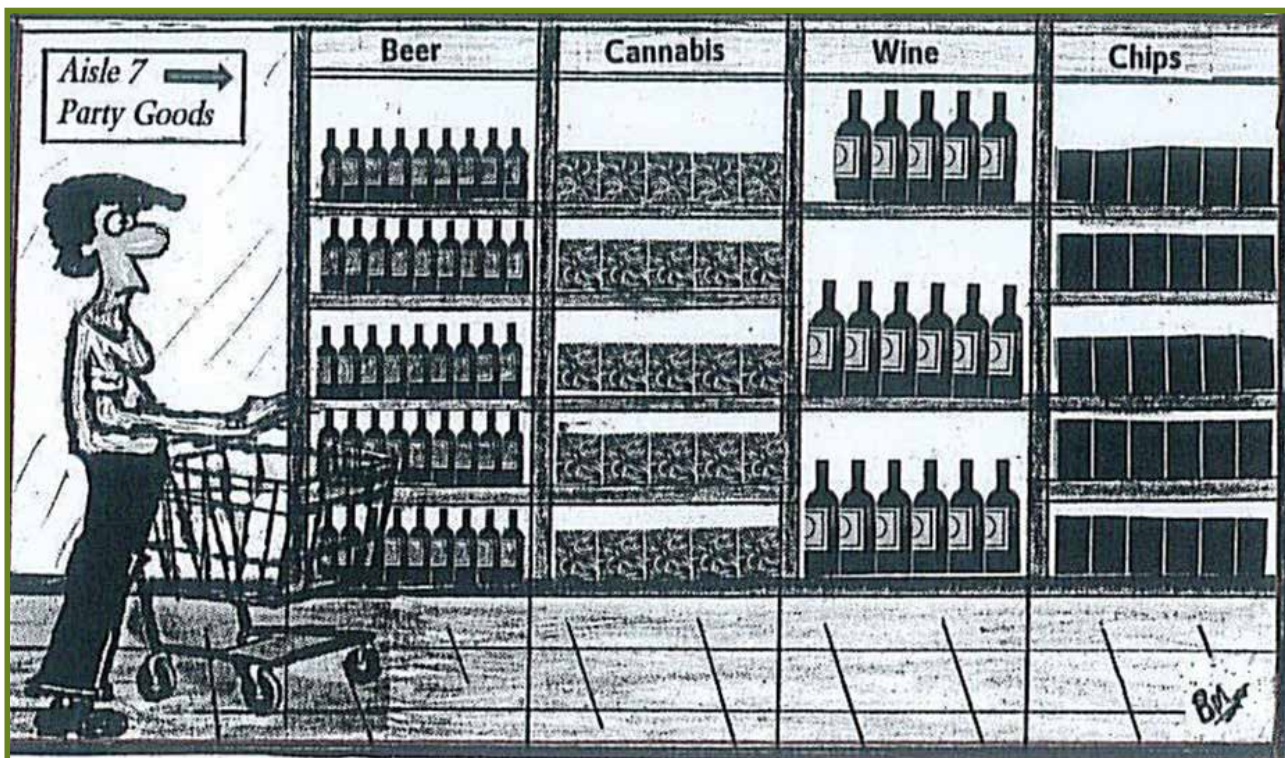


Figure 56. Beer, wine, chips and cannabis on supermarket shelves cartoon, 2012. Cartoon by Brett McEwan.

ALCOHOL-HOSPITALITY INDUSTRY

With the 1989 liberalisation of our liquor laws, the number of on-licence premises selling alcohol increased by one-half, from 5,000 in the early 1990s to 7,500 in 2010. This expansion and reshaping of the alcohol-hospitality industry, in association with the provision of food, entertainment and socialising opportunities, was one of the aims of the 1989 legislative changes. In recent years concerns have been raised about the high levels of intoxication and alcohol-related harm found in many CBD alcohol hospitality districts.

While most licenced premises maintain good alcohol-serving practices, there have been a number of bars that have tolerated and/or promoted a culture of intoxication amongst their patrons. Historically, some student bars have been particularly noteworthy for this behaviour. At the beginning of each academic year student bars compete to attract the on-going patronage of the new intake of students – typically by offering a range of promotions, drink price discounts and themed events. At the same time, student unions organise annual bar-based toga parties, beer fests and pub crawls as a component of student orientation activities. In recent years, Police and public health staff, along with university and civic officials, have actively worked with student bars and student unions to implement the principles and practice of host responsibility, and to reduce levels of intoxication amongst student drinkers. In the worst and most persistent cases, action has been initiated to have the offending bars closed down.

It would be unfair to single out student bars however, as over the years there has been a number of licenced premises in both urban and rural settings that have gained reputations for their level of on-site intoxication. For example, a North Island bar in the early 2000s ran a promotion inviting patrons, for a set entry fee, to “drink a beer tanker dry” (a beer tanker was to be parked outside the

bar for the evening), the promotion was cancelled through the joint intervention of the local Health Alcohol Protection Officer and the Police. In 2010, a bar was shut down by the Liquor Licensing Authority for encouraging *vertical drinking*.^{xxvii} This bar was situated in small premises, specialised in high alcohol-content mixed-spirit drinks and served intoxicated patrons. A review of the Liquor Licensing Authority’s Annual Report for the same year reveals that nationwide it cancelled 13 liquor licences and suspended a further 244 licences.¹¹¹

Sports club bars are also an allied component of the alcohol-hospitality industry. Unfortunately, not all clubs have been vigilant in their alcohol-serving practices and a number have been associated with supporting a culture of intoxication. A sports club official interviewed by the Law Commission commented on the alcohol-related challenges his club faced:

“We were almost at the point of closing our club rooms. Partly because we just can’t afford them. Our patrons are badly behaved: minor assaults on the premises, drink driving, gross intoxication on the premises – all of which has been condoned by the club We’re told the culture of sports clubs is unhealthy, but the reality is that sports clubs get no funding. They rely on gaming machine money and the sale of liquor so how else are they going to survive? The clubs certainly have a booze culture and kids were inculcated with that by us, their parents”. (Club Official).¹¹²

In recent years many sports clubs, in conjunction with support from Police, public health and licensing staff, have endeavoured to improve their club drinking cultures through on-going bar staff training programmes, host responsibility campaigns and sporting code initiatives. At the same time our sports stadiums have also become

xxvii The term ‘vertical drinking’ refers to the six o’clock swill era, when many hotels removed in-house furniture and encouraged patrons to drink quickly while standing up.

increasingly vigilant in monitoring the drinking behaviour of sports fans. The old days of stadium staff allowing drunken sports fans to fight, throw beer bottles and generally misbehave (including the burning of couches in the terraces) have long gone.

The connection between alcohol, sports and clubs is a highly complex and commercial relationship, particularly with many clubs/codes reliant upon the income generated from the sale of alcohol products and alcohol-brand team sponsorship arrangements to ensure the financial viability of their organisations and codes. There are a number of sporting commentators who argue that the negative implications of the sport-alcohol arrangement are now too great to ignore and bold initiatives are required to break this relationship. Richard Broock, a well-known columnist, has been very direct in his opinion on this issue, commenting in a *Sunday Star Times* article:

“New Zealand sport is awash with alcohol advertising and sponsorship. We’re well past the point where it’s merely a reflection of our drinking culture; it’s now one of the biggest drivers of it.... Well, what better way to make a difference than banning advertising and sponsorship in sport.... If sport’s helped to so normalise drunken and obscene behaviour, then surely it’s time to cut the cord. Spare me the tripe about Kiwi sports not being able to afford to turn their back on the booze companies’ money.... The same doomsday theories were floated when sport was prized off Big Tobacco.... Rest assured, the liquor industry needs sport far more than sport needs the liquor industry. How else do you think it [the liquor industry] avoids so many of the existing advertising regulations? Targeting minors, depicting masculine themes, associating liquor with success, advertising between 6am and 8.30pm? And especially, referring to identifiable heroes of the young? Can’t do any of that in a booze ad on television. But if it’s attached to sport? Oh yes, that’s fine”.

Mr Broock continues:

“Banning all alcohol advertising and sponsorship in sport isn’t likely to prove an instant panacea for the country’s binge-drinking problems. They’re a bit more deep-seated than that. Sport has spent the best part of a century helping to normalise boozing; it’s not going to reverse the trend overnight. But if people are serious about wanting to change our drinking culture, then few initiatives would be as worthwhile in the long-term”.¹¹³

GLOBAL ALCOHOL PRODUCTION

Over the past 150 years, alcohol production in New Zealand has become increasingly industrialised, corporatised and globalised. Beer is the strongest example of this development. In the 1800s our beers were produced by hundreds of local brewers. In the 1900s, beer production became increasingly dominated by two national companies: Dominion Breweries and New Zealand Breweries (later renamed Lion Nathan). Today these two beer producers are owned by international corporations. This internationalisation of our beer production has been part of a global phenomenon – with half of the world’s beer market now dominated by just four corporations. Similarly, our RTD market is dominated by Independent Liquor, also originally a New Zealand company which is now overseas owned. Massey University’s Professor Sally Casswell, an international authority on the globalisation of alcohol products, has noted that

“While some brands of alcohol retain local and national imagery, the reality, particularly for spirits and beer, and increasingly for wine, is very different. These are now the output of enormous transnational corporations ... [and] the global alcohol market is now dominated by a handful of large corporations”.¹¹⁴

These transnational corporations are business entities required to return a profit to their

shareholders and the executive leaders of these organisations are rewarded (or penalised) according to their ability to achieve this goal. To remain profitable, alcohol executives must work hard to ensure their company maintains, or grows, a share of the alcohol market – and to achieve this aim the consistently overriding tactic is the unending promotion of their products. Again Professor Casswell has commented on this development:

“The substantial profits made by globalising alcohol corporations over the past two decades have allowed for large expenditures on marketing, or ‘investment behind brands’ as the industry terms it. Alcohol is now one of the most heavily marketed commodities globally”.¹¹⁵

The growth in both national and international alcohol promotion as identified by Professor Casswell, has had far-reaching consequences for our national drinking culture and these implications will be discussed next.

The opportunity to expand the alcohol market by encouraging existing drinkers to consume more alcohol has been very challenging for alcohol producers in recent decades. Towards the end of the 1900s the sale of alcohol products in this country, along with many other developed nations, reached a plateau as the dominant drinkers of the era – *i.e.* beer-drinking men – reached their (considerable) capacity. Critics argue that this situation meant that alcohol corporations chose to intensify their efforts to attract new consumers to the market by cultivating alcohol use amongst those sections of the population who had traditionally abstained or consumed low volumes of alcohol, most particularly women and younger adults. It has also been proposed that the promotion of wine products, followed by the introduction of RTD drinks, were instrumental in engaging with these new drinkers.

As production and trade in alcohol products have become progressively global, international

trade agreements and particularly free trade agreements between individual countries have become increasingly relevant for the alcohol industry. Along with advancing trade between participating countries, international trade agreements can also regulate issues involving the domestic sale of products, and there is growing concern that these trade agreements are starting to impact upon the ability of individual nations to implement domestic health policies, particularly in relation to alcohol products. A recent example of this occurred in 2011 when our Government initially considered a harm-reduction proposal to limit the alcohol content of RTD drinks to no more than 5%. While the proposal gained popular support amongst the public, *The New Zealand Herald* detailed the industry response reporting:

“the alcohol industry is considering ignoring any regulation [to restrict RTD sales] through the Trans-Tasman Mutual Recognition Arrangement, which states [that] goods produced in or imported into Australia can be sold here”.

The *Herald* article went on to quote an industry representative who explained:

“there is no need [for the industry] to circumvent anything – that’s the bilateral trade agreement signed by both Governments All it would mean is that [the RTD restrictions] would apply only to New Zealand manufacturers”.¹¹⁶

Similar trade-based regulatory difficulties have arisen in many other countries that have endeavoured to prohibit or regulate the sale of particular alcohol products within their domestic markets. The fundamental problem with many of these trade agreements is that they define alcohol products as *ordinary consumer commodities* (*i.e.* like milk and timber), and this trade definition of alcohol removes a nation’s right, and therefore ability, to regulate the domestic sale of a product

that is very definitely a non-ordinary commodity.

While it is illegal for alcohol producers in New Zealand to promote a culture of intoxication, many critics contend that the corporate imperative to increase alcohol sales in the interests of profit is in direct conflict with our societal need to reduce the social, health and economic costs associated with alcohol-related harm.

Alcohol producers contend that they are merely providing a commodity that the public enjoys and that any alcohol-related harm that arises from the misuse of their products is the responsibility of individual drinkers (as faulty consumers) and not the outcome of a commercial system that promotes alcohol consumption for commercial profit. The following chapter will explore the wide-ranging implications that have arisen from allowing the alcohol industry to promote alcohol products over the past 20 years.

9. A COMPLEX WORLD – PROMOTIONAL INFLUENCES



Figure 57. Promotional influences that shape the New Zealand drinking culture

Today alcohol is promoted through the traditional commercial activities of advertising and sponsorship, and also through informal channels such as popular culture media, the world-wide web and new mobile digital technologies. How these varied forms of promotion interact with each other to support the culture of intoxication is a multi-layered process that includes the development of *brand*, *product* and *drinking* identities. However, before we can explore the complex story of alcohol promotion, we first need to detail the economic system that made this all possible: modern consumerism.

CONSUMERISM

For much of our history the majority of the New Zealand population had little disposable income with which to purchase goods and services beyond their daily needs, and shopping was a mundane and time-limited activity. However, since the 1950s our economy, like much of the developed world, has

undergone significant growth, and much of the population now has levels of disposable income far in excess of earlier generations. Internationally this increase in wealth has coincided with the growth of consumerism.

Consumerism is an economic system that relies upon all of us, as consumers, to purchase ever-increasing volumes of goods and services, *e.g.* burgers, television sets, fitted kitchens, cars, vacuum cleaners and so on. To convince us of our *need* to buy these products, producers turned to the advertising industry and since the mid-1900s advertising has exploded into a truly global phenomenon pushing global *brands and products*, such as Nike, Coke, Billabong and BMW.

One consequence (amongst many) of global advertising is that many consumers have come to believe that they are increasingly *defined* by the product-brands they consume, *e.g.* the brand of car they drive, the style and brand of clothing they wear, and the brand of food and drink they consume. This definition and expression of ourselves through branded products is not necessarily a modern phenomenon *per se*, as cultures and individuals have long been identified by the goods they consume. However, in the past the identity associated with products was usually established through the social and cultural processes within an individual's community, independently of the products. Today, the identity associated with the majority of our consumer goods is no longer a community creation, but is instead strategically formulated by advertising companies to achieve commercial profit for their clients.

It is important to note that within our modern consumer culture, over-consumption or bingeing as it is often termed is not a dynamic exclusive to alcohol, as binge eating and binge (insatiable) spending are common modern complaints.

ADVERTISING AND SPONSORSHIP

The legislative restrictions on the marketing of alcohol that characterised much of our history were due to the strength of the temperance movement throughout the early 1900s. During this period there was a general view that there was no social value to be gained, and probably a lot of harm to be reaped, from allowing alcohol producers and hospitality interests to promote a problematic and potentially addictive substance.

It has only been in recent years that the regulations governing alcohol marketing have been progressively liberalised. In 1987, alcohol sponsorship was permitted, and then in 1992, alcohol brand promotion was permitted on television and radio. In 1992, the alcohol advertising industry also became a self-regulatory body and a Code for Advertising Liquor was established.¹¹⁷

Today alcohol is marketed through advertising in television, internet, radio, cinema, mobile-phone, billboard and print media, and through sponsorship arrangements with cultural shows, music concerts, lifestyles events and sporting teams/codes. It is estimated that the alcohol industry spends between \$50 - \$150 million a year on alcohol advertising and sponsorship.¹¹⁸ Although marketing *is* used to inform consumers about new products entering the market and competitive pricing options, it is primarily used to develop a *brand identity* that allows producers to separate their particular product from their competitors' products.

A brand identity is a name, symbol or slogan that is used to represent a product. The brand embodies the *personality* of a product and is developed by associating the product with a particular idea, feeling, image, lifestyle, and/or belief. Advertisers actively work to develop and maintain the brand identity of products – with the intent of ensuring that the brand remains attractive to consumers.

BRAND IDENTITY

Alcohol producers and hospitality interests spend their millions of dollars every year developing and maintaining a brand identity that targets a particular sector of the alcohol market. Examples of beer brands utilising unique identities to target various sections of the beer drinking market is demonstrated in *Lion Red* and *Tui* beer promotions. Since 1987 Lion Red beer has been advertised with the message “The measure of a man’s thirst” and has thus arguably been promoted as the working man’s beer, targeted at male drinkers of all ages. To support this brand image Lion Red has sponsored, and therefore associated its brand image with, a wide range of male-dominated activities including rugby league teams and fishing competitions.

In contrast, the Tui brand has been promoted as a fun and youthful beer through creative and entertaining television advertisements featuring the Tui Brewery girls, billboards using the ‘Yeah right’ slogan, and sponsorship associations with student orientation events and rugby union teams – all targeted at the younger sector of the beer market including female beer drinkers.

Michael Donaldson in his book *Beer Nation* summarised the brand identity associated with a number of other popular New Zealand beer brands:

“Steinlager – I’m a good, loyal Kiwi.

Corona – I’m a beach bum, surfer, relaxed.

Heineken – I want to be seen as a bit more European.

Speight’s – I’m down to earth, unassuming, honest, reliable.

Waikato Draught – I’m a real man.

Tuatara – I’m here for the taste”.¹¹⁹

Examples of other alcohol product promotions include the RTD Woodstock Bourbon brand, which has sponsored boxing events and car rallies, and created attention-grabbing and sexually suggestive television advertisements with dialogue



Figure 58. Magazine cover featuring Sparkling Waitemata pale ale, 1940. Photograph by A Dickens, *The Mirror*: New Zealand's national home journal (Alexander Turnbull Library, Ref: PUBL-0100-1940-07-back).

such as “Is it okay if your mate’s mum gives you a woody”? The Woodstock Bourbon campaigns have enabled the brand to be differentiated from other RTD drinks and reinforced the drink’s link with male drinkers. In contrast, wine producers, who often target a much broader and more particularly female segment of the drinking market, are more inclined to associate their brand with qualities of sophistication, refinement and good taste. To achieve this goal wine producers often advertise in glossy magazine-based print media and sponsor culturally oriented events.

Taken at face value it is difficult to find fault in the view expressed by the alcohol industry, that brand promotion enables alcohol producers an opportunity to compete for a share of the alcohol market - and at over \$4 billion dollars a year it is a valuable market! However, a similar opinion (citing the need to compete for market share) was

also put forward by the tobacco industry, and as we discovered, the on-going promotion of multiple brand identities has unintended consequences.^{xxviii}

ALCOHOL PRODUCT IDENTITY

How is it that the contents of a bottle could come to represent such desirable characteristics as fun, friendship, celebration, maturity, relaxation, glamour, desirability and confidence?

The on-going promotion of multiple brand identities ultimately results in the formation of a generic product identity and one of the most researched examples of this phenomenon is the impact cigarette brand advertising had upon the identity of tobacco as a product and smoking as a behaviour.

For many years individual cigarette brands advertised their products as variously associated with qualities of sophistication, coolness, rebellion, attractiveness, ruggedness, maturity and style (to name a few). Over time these *brand* images amalgamated to form a *product* identity that identified smoking with these traits in general. This smoking identity then expanded from paid advertising media into popular culture media through movies, music, television and print articles. In part this crossover was unintentional, the result of high-profile individuals (*e.g.* musicians, models and actors) being seen and photographed smoking. In part, however, it was intentional, as movie directors and book writers formulated characters who were made distinctive *by* their smoking habit.

Once a product identity has entered into popular culture it can be very difficult to remove, and tobacco continues to demonstrate this. Cigarette brand advertising has been banned in New Zealand

xxviii An effective means of highlighting the contemporary power of alcohol imagery is again to use the hypothetical example of a popular but illegal substance - cannabis. Appendix Three details the implications and process of branding the hypothetical cannabis product Northern Gold.

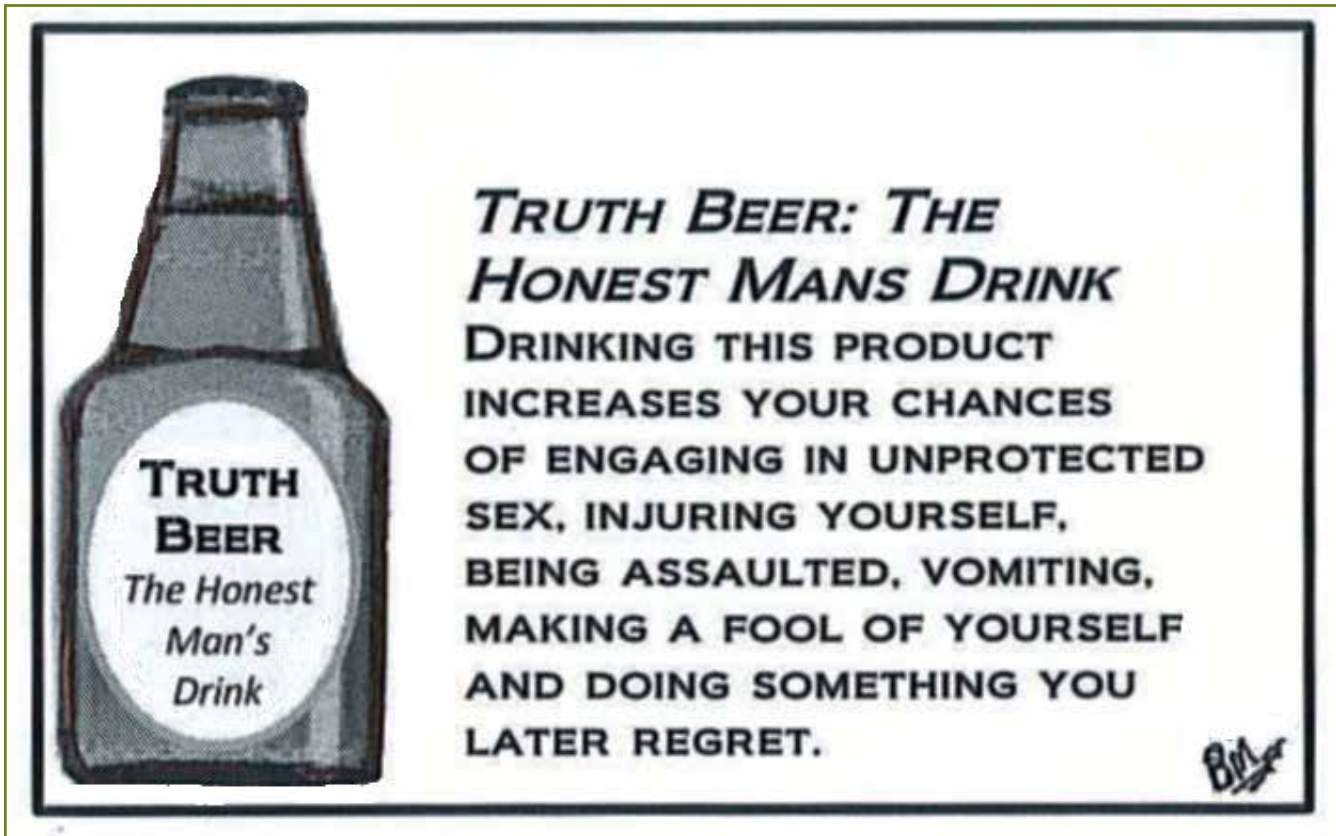


Figure 59. Truth beer cartoon, 2012. Cartoon by Brett McEwan.

since 1990, and since that time countless public health initiatives have been undertaken to educate consumers about the health risks associated with smoking and to undermine the tobacco product image by associating it with explicit images of ill-health. Despite this, a fairly predictable (although reducing) proportion of our young people continue to commence smoking each year. They engage with tobacco smoking not because they initially enjoy its taste, but so that they are associated with the product identity smoking conveys within their peer group. It is highly likely that these emerging smokers have never viewed commercial advertising promoting a cigarette brand and yet the popular culture image of tobacco, along with family and peer smoking role models, have been enough to recruit them into smoking with all its predictable health consequences.

The cumulative effect of the millions of dollars spent annually to promote alcohol brands is that alcohol as a generic product and drinking as

a leisure activity, are portrayed in a positive image across a vast array of media. Alcohol is perpetually associated with a wide range of desirable characteristics: friendship, celebration, maturity, loyalty, relaxation, glamour, strength, desirability, comedy and fun (to name a few).

If alcohol was a non-problematic consumer product like milk or bread, it is unlikely that the public would be concerned about its on-going positive promotion; however, when the consumption of a product has the (realised) potential for significant harm, then the public typically become troubled about its promotion. This dynamic was demonstrated in the large number of submissions made to the Select Committee expressing concerns that alcohol promotion was increasing the attractiveness and consumption of alcohol, while undermining initiatives aimed at reducing alcohol-related harms. The community organisation Alcohol Healthwatch summarised these issues in their submission:

“Strong concern has been expressed by the public, parents in particular, about the impact of the aggressive proliferation of liquor industry marketing. The evidence is now clearly demonstrating that this inculcates pro–drinking attitudes, increases the uptake of alcohol consumption by children and adolescents, and encourages heavier drinking. Aggressive and sophisticated marketing techniques ensure that alcohol advertising and promotion pervades every aspect of society. Advertising and sponsorship festoons bill–boards, the backs of buses, accessorises children’s and youth apparel, surrounds our sports fields, is at the cinema and cultural events, on the radio at all hours and direct markets via text, social networking etc. In short, society is saturated with alcohol marketing and young people are the impressionable target. It makes no sense politically or economically for Governments to continue supporting the promotion of a product that is a leading cause of preventable harm and cost burden”.¹²⁰

As the Alcohol Healthwatch statement rightly contents, local research studies and systematic reviews of international research have generated growing agreement that alcohol advertising in the traditional media influences the onset of drinking, levels of consumption and drinking patterns in young people.¹²¹ On-going research is now also investigating the effects of electronic media influences, suggesting that the influence of campaigns using these media are just as influential, or perhaps even more so, than traditional promotions.¹²²

Understandably, alcohol producers do not want their products associated with the negative aspects of alcohol usage, as this could damage their brand/product image (Figure 59).

The \$1 - \$3 million spent *weekly* by the liquor industry to promote alcohol, is in direct conflict with public health initiatives designed to promote a more moderate drinking culture (in much the

same way that it was difficult for smoke-free initiatives to gain traction in the public domain while the tobacco industry was permitted to promote cigarette brands). There are many in the public health field who contend that this conflict is reason enough to warrant returning to the pre-1987 era of restricted alcohol promotion. Others argue that there is a second and just as pressing reason to return to the pre-1987 arrangement – the development of *drinking identities*.

DRINKING IDENTITIES

Sports broadcaster Murray Deaker in his excellent autobiography *The Man in the Glass* gives us an insight into both the brand- and intoxication-based drinking identity that he and his friends revelled in as young men (in later life Mr Deaker accepted that he suffered from alcoholism and subsequently ceased drinking):

“Speights was the favourite. None of that North Island shit for us. We were Southern Men and going to get drunk on southern dew. That was the intention. To get drunk. We weren’t in it for social intercourse. In fact the whole idea was to drink as fast as you could to mop up your share of the half doz. Now, winter nights get cold in Dunedin and the combination of that together with Speights beer and adolescent capacity inevitably led to someone having a chunder. That was all just part of the fun. We used to measure the length of the spew on the pavement and the winner was treated with celebrity status”.¹²³

The intention of alcohol brand advertising is to attract drinkers to the product, with the hope of developing a long-term relationship that will sustain sales. This relationship is labelled *brand loyalty* by the industry and at its strongest will influence some drinkers to integrate the brand into their sense of self. As Murray Deaker commented, some beer drinkers will identify themselves as a southern Speight’s man, while others will identify

as a Lion Red man or a Steinlager man, and so on. To advertise their brand loyalty many of these drinkers will wear alcohol-branded clothing, while some of the younger drinkers may put branded posters on their walls and display their bottle collections. A few die-hard individuals may even go so far as to get a tattoo of the brand.

While all of us are targeted by advertisements to purchase products, adolescents as emerging consumers are particularly valued by producers as they represent new and potentially lifelong customers who will ensure the future sustainability of the brand. This issue is particularly pertinent to alcohol producers, as 18-24-year-olds represent a significant proportion of the alcohol market. Alcohol producers *need* to ensure that emerging drinkers are familiar with, and ready to choose, *their* brand once they reach the legal drinking age (if not before); and while it is illegal to target alcohol advertising at under-age drinkers, research shows that by the time most young people reach 18 years they are very familiar with alcohol brand imagery.¹²⁴

This task is made easier for alcohol producers by the fact that alcohol, as an age-restricted product, has *always* held an attraction for a portion of adolescent New Zealanders and therefore many actively seek out alcohol brand images to assess which drinks they wish to identify themselves with, *e.g.* which brands are cool and desirable. Over the past ten years this issue has become even more pertinent, as it is now almost impossible to stop under-age drinkers engaging with websites that feature alcohol advertising and sponsorship promotions, plus social media sites – where young people undertake a lot of their social interaction – is currently unregulated. It is no accident that adolescent drinkers are seldom attracted to older-adult brands like *DB Draught* beer and *Church Road* wine.

It is important for us to be mindful that it is a common and normal behaviour with adolescents

to surround themselves with objects and images that they enjoy and that represent their developing individuality. Many teenagers will purchase the products associated with the latest popular movie franchises, music artists and recreational/sporting activities (and typically they will plaster their bedroom walls, school books and bags with images of these products/people). These images represent their unique developing personality and what they are *into*. It is therefore understandable, and somewhat predictable, that as young people grow into adulthood they will also wish to associate themselves with the rich and appealing imagery of alcohol brand advertising.

While some drinkers are satisfied to identify themselves with a particular brand of alcohol, others will wish to go much further and identify themselves with how *much* of the product they can consume – and this is particularly relevant for the one in ten drinkers who regularly drink to get drunk. For these drinkers, drunkenness is a desirable drinking goal and alcohol-related harm an acceptable risk or even a celebratory component of a good night out (Figure 60)

WORLD WIDE WEB

Since the early 2000s another powerful and increasingly popular medium has joined in the promotion of a drinking lifestyle: the world-wide-web (WWW). It is no exaggeration to say that the WWW is fundamentally reshaping how some young people interact with alcohol brands and alcohol hospitality venues. These developments have occurred within the past decade and student pubs, with their web-savvy patrons, were some of the first alcohol-related commercial interests to begin utilising this new medium. Initially bar websites were created to provide patrons with information about upcoming events, drink specials, contest winners and promotions. From approximately 2005, numbers of bars began to take photographs



Figure 60. Alcohol excess. Photograph by B McEwan.

of bar patrons attending special themed events and post these images online for patrons, and just as importantly for their friends, to view the following day. These web-based photo-journals proved to be very popular with patrons and soon some bars were taking nightly photos both to attract patrons to their bar and to maintain bar-brand loyalty. This growing interaction between alcohol consumers and commercial interests continued until the arrival of social networking sites, most notably *Facebook*, which reshaped and reinforced this relationship, integrating and embedding it even further into young adults' everyday lives.

Social networking sites allow us the opportunity not only to connect with others, but also to display our lives through photographs, videos and narratives. Social commentators have described this public exhibition of ourselves as *self-branding* – a process that is heavily influenced by cultural meanings and consumer images. For some young adults (and some older adults too) this self-branding involves the portrayal of an alcohol-based social lifestyle, representing fun, popularity and social connectedness (amongst others representations), and is heavily dependent upon alcohol promotion imagery. Today when an individual holds up a branded bottle of beer, RTD or wine for a photograph they are connecting

themselves with a publicly-understood image that they find desirable and with which they wish to be associated. For some drinkers however, identification with the brand is not enough, and it is the display of an intoxication-based identity that is their main aim. These drinkers will proudly post Facebook images of themselves and their friends in various states of intoxication in order to display how much fun they are having, and their strong relationship with alcohol.¹²⁵

The growth of social networking sites, and particularly Facebook, has become increasingly important to commercial interests, including alcohol-related businesses, as an unparalleled opportunity to network *directly* with consumers. Many alcohol producers and hospitality interests have created their own Facebook page which allows them to be *friend*ed and to engage in *conversations* with their buyers/patrons. Recent UK-based research has found that alcohol brands now have the third highest commercial *engagement rate* on Facebook and this development enables the alcohol industry to:

“stimulate conversations about [their] brands, it allows them to observe, analyse and direct those conversations in real-time. It allows marketers to embed brand-related activities in the routines of social media engagement for large numbers of people, and to use social media to encourage a more routine approach to alcohol consumption”.¹²⁶

Through the use of news feed promotional messages, drinkers can be instantly updated about upcoming events, specials, give-aways and competitions. At the same time drinkers are invited to upload brand-based photographs of themselves and their friends engaging with the alcohol product and/or bar – and then to publicise these photographs to their friends (and therefore attract potential new customers to the commercial Facebook page).

Social networking sites also allow commercial

businesses an unparalleled opportunity to gather valuable information about their targeted consumer groups (e.g. demographics and personal preferences) which is then used to formulate sophisticated marketing campaigns. This growth of online media has made the promotion of alcohol far more influential now than it ever was. In some cases it has fundamentally changed the nature of the relationship between the alcohol marketers and the drinkers – so now it is a *conversation* that has become seamlessly integrated into everyday online life.

Although web-based commercial interests cannot promote the culture of intoxication, there are plenty of other websites that do. One of the first was *CollegeHumor.com*. This American-based website was founded in 1999 and for a number of years was a dominant social networking site for tertiary students to interact and display student culture. The website incorporated a strong focus on student binge-drinking behaviour and a search of the website for alcohol-related titles (e.g. shaming, puke, vomit, alcohol, binge, drunk) will yield thousands of photographs and video clips depicting students in varying states of intoxication.^{xxix}

Today, a vast array of websites can be found that directly portray, support and celebrate the culture of intoxication. The website *PassedOutPhotos.com* summarises this phenomenon on its homepage with the introduction “Passed out photos: funny pictures of passed out people getting pranked by their friends while unconscious. This is known by some as drunk shaming but we just like to call it funny”.^{xxx}

Another website *Befuddle.co.uk* has combined the globalised interest in celebrity culture with drunken behaviour and now hosts a substantial photograph catalogue of drunken celebrities.^{xxxi}

As the WWW reflects the interests of human beings, it is perhaps not surprising that photographs and videos of drunken behaviour are popular viewing. While websites like *PassedOutPhotos.com* directly support and celebrate the culture of intoxication, social networking sites portray human nature more generally and therefore indirectly support the culture of intoxication through users’ interests.

While the culture of intoxication remains a dominant feature of our drinking culture, many argue that it is counterproductive to us, as a society, to allow the alcohol industry to continue promoting alcohol brand images that normalise alcohol use, encourage consumption, undermine public health initiatives and provide such appealing imagery for young emerging drinkers.

xxix See: www.collegehumor.com

xxx See: www.passedoutphotos.com

xxxi See: www.befuddle.co.uk

10. THE LIQUID DRUG – ALCOHOLISM



“The causes of alcoholism have been proven to be genetic in some cases, inherited from parents or grandparents. In other cases, causes of alcoholism include the over abuse of alcohol until drinking no longer becomes a choice”.¹²⁷

Alcohol is a potentially addictive drug and over time a minority proportion of drinkers will develop a physical dependency. Some drinkers will progress into alcoholism as a consequence of a hereditary predisposition, while others will simply drink too much for too long. There are also some alcoholic drinkers who will have initially developed a physical addiction to an alternative substance – for example legal prescription medications or illegal drugs – but once a physical addiction has been established in the body, it is common for the addiction to be transferred to other mind-altering substances, including alcohol.

While there are no reliable data available to detail national trends in addictions, it is clear that alcoholism has had a long history in New Zealand. In the early 1900s alcohol addiction was causing so much social concern that Parliament was forced to pass the Habitual Drunkards Act 1906, which gave local magistrates the authority to commit chronic alcoholics to an institution for treatment.

Alcoholism is commonly described as having three stages: early, middle and late. Drinkers entering into the early stage of alcoholism typically do not need to drink on a daily basis; however, when they do drink their consumption is characterised by a *loss of control*. Drinkers in this stage no longer have a choice about *how much* alcohol they consume and will consequently drink until they are intoxicated regardless of what promises they may have made to themselves or to others to cut back on their drinking. Blackouts – not remembering what happened while drinking – are a common symptom during this stage of alcoholism, along

with a wide range of acute alcohol-related harms.

Drinking in the middle and late/chronic stages of alcoholism is characterised by daily alcohol consumption. Drinkers in these stages will experience an increasingly severe range of withdrawal symptoms if they stop drinking, *e.g.* sweats, shakes, irritability and severe cravings for alcohol. During the late stage of alcoholism, withdrawal can also feature hallucinations (delirium tremens) and psychotic episodes. Drinkers in the middle and late stages of alcoholism can also experience periodic episodes of loss of control when drinking.

While many adherents to the culture of intoxication still have control over their level of alcohol consumption – *i.e.* they are drinking to intoxication as a choice, rather than as a compulsion - alcoholic drinkers have lost this control. The culture of intoxication therefore provides an opportune and sympathetic drinking environment in which alcoholic predispositions can become invisible and an alcoholic drinker can more easily hide their compulsive drinking behaviour.

SUMMARY

Our contemporary culture of intoxication is not the result of any one simple factor (*i.e.* RTDs or youth unemployment), but is the consequence of a complex nexus of social, legislative, commercial and promotional influences - along with a lengthy national history of intoxicated behaviour and alcoholism. As the following chapters will demonstrate, there is also no one simple factor that will remedy this situation.

COMPETING INTERESTS



Figure 61. Pleasure, profit and pain: the fight for control of the New Zealand drinking culture. Image by Robert Moore and Maree Aldridge.



11. INTERVENTIONS

“For more than 100 years, New Zealand has sought a comfortable compromise between the rights of the individual in respect of alcohol usage, and society’s need to protect itself from the penalties of excess. Control has competed with liberty, economics with social concern, and no satisfactory formula has emerged”.¹²⁸

When Sir Leonard Thornton made the above statement in 1980, he had been Chairman of the then newly formed Alcoholic Liquor Advisory Council^{xxxii} for three years and was acknowledging the conflicting interests that have shaped our national response to alcohol:

- the rights of *society* to protect itself from alcohol-related harms
- the rights of the *individual drinker* to consume alcohol in the manner they wish, and
- the rights of the *alcohol industry* to sell and promote alcohol for commercial profit

As a nation, our position on these rights has varied considerably over the past 150 years and this in turn has influenced how we have dealt with alcohol-related issues generally and problematic drinkers specifically.

1900s

During the early 1900s the temperance Alliance was at the height of its powers, and due to its vast membership and substantial political influence it was able to strongly advocate on behalf of the *rights of society* to protect itself from alcohol-related harm. The primary strategy employed by the Alliance was the implementation of increasingly restrictive liquor legislation. Their first major success was the establishment of the local option poll in 1893^{xxxiii}

xxxii The organisation would subsequently be renamed the Alcohol Advisory Council (ALAC).

xxxiii The local option poll enabled local district electorates to vote for regional prohibition or a reduction in district licences (by the mid-1900s one in six European district electorates had voted to go dry).

and this was followed by a stream of legislation including an increase in the minimum drinking age from 18 to 21 years, the end of the Sunday trading in alcohol and a reduction of evening trading hours to 6.00pm (amongst many others).

The Alliance was also concerned about the social effects of alcohol within the community. At this time there were no official social services, and while public hospitals admitted patients suffering from the effects of chronic alcoholism, they generally offered little in the way of treatment apart from detoxification and encouraging abstinence. Many of the Alliance’s members belonged to church-based groups, temperance bodies and women’s organisations that provided support for the victims of alcohol misuse (particularly family members). The Salvation Army organisation was also very active in this area.^{xxxiv}

In 1906, the Government passed the Habitual Drunkards Act and in 1909, the Reformatory Institutions Act: these two Acts gave local magistrates the authority to commit chronic alcoholics to an institution for treatment. Ironically, at that time there were no appropriate institutions in existence, so the Government was obliged to ask the Salvation Army to create a suitable treatment facility. In response, the Salvation Army established a residential treatment facility for chronic alcoholics situated on an island in the Hauraki Gulf, not far from the growing city of Auckland. Alcohol treatment at this time was generally a rudimentary practice that relied

xxxiv. The Salvation Army had taken a strong lead in the provision of voluntary social services since 1883.



Figure 62. Poster detailing the dangers of drinking and driving, 1930s. NZ Women's Christian Temperance Union (Alexander Turnbull Library, Ref: Eph-A-ALCOHOL-Temperance-1937-01).

upon the drinker being placed in an alcohol-free environment and introduced to "fresh air, healthy employment, careful diet, and moral and religious influence".¹²⁹

During this period a number of organisations aligned with the Alliance movement also initiated some of our first national alcohol-intervention marketing campaigns. The dangers of drinking and driving, for example, feature in a poster produced by the Women's Christian Temperance Union (Figure 62). The poster argues that "If a man wanted to get drunk he should get into a corner or into bed, but he was not entitled to turn a motor car into an infernal machine".

By the late 1930s the Alliance movement had lost much of its social and political influence.

The institution of the six o'clock closing time in 1917, along with other restrictivist legislation, had diminished the public's support for the Alliance's prohibition-based initiatives. It was a legacy of the Alliance however, that the *rights of society* to protect itself from alcohol-related harm would remain dominant over the rights of the liquor industry and of individual drinkers for many years.^{xxxv}

HEALTH FOCUS

As the Alliance movement faded, a second wave of concerned New Zealanders emerged to take up the alcohol issue. This group would advocate for recognition of alcoholism as a disease and the establishment of a nation-wide network of alcohol treatment and support services. As noted above, the provision of alcohol treatment within hospital settings during this time was haphazard and medical staff often had little training in addictions. The slowness with which the medical profession embraced the treatment of alcoholism was due, in some measure, to the dominant social view of the time that alcoholism was the product of an underlying moral weakness residing within the individual drinker.

In 1946, Dr. E. M. Jellinek, a Professor of Applied Physiology at Yale University, published what would prove to be a very influential study on alcoholism, titled *Phases in the Drinking History of Alcoholics*.¹³⁰ The paper discussed alcoholism as an illness and detailed the progressive stages through which the alcoholic drinker passed. The work of Dr. Jellinek and others would lead the American Medical Association, in 1956, to officially declare that alcoholism was a physical illness (rather than a moral issue). This was a ground-breaking announcement and it would signal a change in the medical profession's relationship with alcohol-related issues.

xxxv It would not be until 1967 that a national referendum on the six o'clock closing time would return a majority vote in favour of extending the evening closing hours to 10.00 p.m.

In New Zealand this attitudinal change was supported by the establishment of two voluntary agencies who would also vigorously promote a disease-based view of alcoholism: Alcoholics Anonymous (AA) and the New Zealand Society on Alcohol & Drug Dependence (NSAD).

AA reached New Zealand's shores through Ian McEwan, an alcoholic. In 1946, Mr McEwan admitted himself to hospital for detoxification and while in there was introduced to the AA programme through a Readers' Digest article he chanced upon in the patients' lounge. Upon his discharge from hospital, Mr McEwan wrote to the USA-based organisation requesting support and over time he achieved his sobriety utilising the AA programme. Mr McEwan subsequently went on to establish AA groups throughout the country. AA was unique for its time in that it was a non-church and non-government self-help organisation, run by volunteers who were all in recovery from alcoholism. Today there are AA groups in all major New Zealand centres and the organisation has been instrumental in changing the lives of many drinkers and their families.^{xxxvi}

A central feature of AA is its commitment to being an independent and non-political organisation. In the USA however, some AA members recognised that there was need of a national organisation to promote alcoholism-related education *and* to undertake political lobbying to promote alcoholism as a disease and a public health issue. This need led to the formation of the US National Council on Alcoholism.

In New Zealand the same vision led Ian McEwan and Dr Jock Caughey, a medical professor at the University of Otago's School of Medicine, to found the NSAD organisation. During the 1950s, NSAD branches were established throughout the country - with many formed through the enterprise

of local AA members. The focus of the organisation over the next two decades was primarily educational and legislative. NSAD endeavoured to raise community and governmental awareness about alcoholism as a disease and highlight the pressing need for nation-wide treatment services. The organisation relentlessly lobbied parliament for new legislation to guide our national response to alcohol misuse and this activism would culminate in the ground-breaking 1966 Alcoholism and Drug Addiction Act.¹³¹

The 1966 legislation affirmed that alcoholism (and drug addiction) was an illness and marked an increasing acceptance of state responsibility for addiction issues. The Act also enabled non-governmental organisations to secure funding for the provision of alcohol and drug treatment services. NSAD, along with the Salvation Army and Presbyterian Support Service organisations, would go on to become one of the nation's primary treatment providers.

Interestingly, while the earlier Alliance movement had upheld the rights of society, NSAD championed the *responsibility* of society, *i.e.* the responsibility to provide appropriate treatment services for those individuals who find themselves addicted to a legal drug.^{xxxvii}

During this period Queen Mary Hospital in Hanmer Springs became New Zealand's eminent medical service for the treatment of alcoholism (Figure 63). The Hospital had originally been established by the Department of Defence in 1916 for armed forces personnel and was subsequently transferred to the Department of Health in 1921. Under the leadership of Dr Robert Crawford and colleagues, the Hospital went on to attain an international reputation for its treatment of

xxxvi Further information detailing the AA organisation is available at: www.aa.org.nz

xxxvii A full history of NSAD is well documented in Susan Butterworth's book, *A Duty of Care: Fifty years of drug and alcohol rehabilitation in New Zealand* (Wellington: NSAD, 2004). Further information is also available at the NSAD website: www.nsad.org.nz

addictions and was regarded by many patients and health professionals as a national asset^{xxxviii}

By the 1970s, the professionalism of alcohol treatment services had improved, but the allocation of services was still variable; and there was a growing concern about changes to the national drinking culture. In 1974, the Government established a Royal Commission of Inquiry to again review the alcohol issue. NSAD, represented by Roy Johnson, made a very influential submission to the Commission stating that the time had come to establish an independent advisory commission to coordinate the nation's response on all alcohol-related matters.

The Royal Commission endorsed the NSAD's submission and recommended to Government that a council, to be called the *Alcoholic Liquor Advisory Council* be created. The Commission envisaged that the Council would:

"concern itself with all aspects of alcoholism and alcohol problems, initiate and co-ordinate necessary research projects ... a comprehensive programme of education ... make recommendations as to treatment ... co-ordinate national policy ... [and] advise Government".¹³²



Figure 63. Queen Mary Hospital and grounds, Hanmer Springs, 1951. Photograph by Whites Aviation (Alexander Turnbull Library, Ref: WA-26574-F).

^{xxxviii} Government funding for Queen Mary Hospital was systematically withdrawn during the 1990s. The Hospital was subsequently privatised to enable it to compete for contestable health contracts. Over time increasing debt (due to decreased funding) resulted in the Hospital being closed despite a loud public outcry. For the governmental and health officials who initiated this policy, the decision to close Queen Mary was taken in pursuit of a cost-effective use of resources. For the Hospital staff, patients and their family members, who had worked or been treated at the Hospital, the decision to close Queen Mary was viewed as the tragic loss of a national centre of excellence.

12. THE ALCOHOLIC LIQUOR ADVISORY COUNCIL



Figure 64. ALAC areas of operation

In 1976, the Alcoholic Liquor Advisory Council (ALAC) was established under its own Act of Parliament and commenced operations in 1977.^{xxxix} It would go on to become our nation's expert advisory body on alcohol, responsible for developing the six alcohol-related areas of operation which remain relevant today: research, treatment, health promotion, target populations, education, policy and advice. In 2012, as a result of State Sector reforms and as a cost saving exercise, the Government transferred ALAC's functions into a newly established crown entity, the Health Promotion Agency (HPA). During its 35 years of existence, ALAC worked alongside community and governmental organisations to develop and support a multitude of alcohol-related initiatives. With its transfer into HPA, it is timely that we identify ALAC's accomplishments and the challenges it faced.

^{xxxix} The organisation would subsequently be renamed the Alcohol Advisory Council.

STRUCTURE

The structure of ALAC was distinctive and had very few parallels elsewhere in the world. While there have been other national organisations with an alcohol-only focus, they are certainly not the norm (as most organisations jointly address alcohol and drug use, or other health issues), and certainly few had ALAC's status of being established by an Act of Parliament. The advantage for an organisation with an alcohol-only focus is that it can coordinate all of its efforts on a single goal: reducing alcohol-related harm. This is particularly significant when the product at the centre of these initiatives is a lawful billion-dollar commercial commodity.

ALAC was also very distinctive in that it was not under the direct authority of a government department, but was established as an autonomous Crown Entity, governed by a nine-member council. Over its 35-year history the council was guided by eight Chairmen, many of whom were eminent leaders in their respective fields.¹³³ The Council also had many distinguished committee members including Dr Mason Durie and Sir Graham Latimer, amongst others. The Council governance structure allowed ALAC some independence from political interference – although this independence would face challenges.

By the time of its absorption into the HPA, the last ALAC CEO, Gerard Vaughan, had been in the position for six years and had cemented the organisation's position as an influential national body that initiated a wide range of evidenced-based programmes, liaised across a broad spectrum of national and locally-based organisations, and regularly spoke out on alcohol-related matters.¹³⁴

To fund ALAC, a fee was instituted on all alcohol products manufactured domestically or imported into the country. When introducing what

became known as the *ALAC Levy* to parliament, the Minister of Justice, Hon David Thomson, commented:

“The levy payable by the manufacturer or importer of liquor will be able to be passed on, so that the consumer, [and therefore] the person at risk, will contribute towards the cost of any necessary preventive or remedial action. I have described it by saying that every time I raise my elbow [to drink] I pay a very small premium towards the unfortunate possibility that I may become affected by the use of alcohol”.¹³⁵

ALAC was established during a period of tremendous social and economic change. While the 1970s ushered in an era of individual rights and growing social freedoms, the 1980s were particularly notable for introducing a wave of market deregulation and corporate self-governance. As successive governments progressively repealed restrictivist liquor legislation, while at the same time expanding the alcohol industry’s ability to sell and market alcohol as an increasingly ordinary commodity, the balance of alcohol rights in New Zealand shifted significantly - and this development was most evident in the lead up to the 1989 Sale of Liquor Act.

As an organisation charged with upholding policy that promoted moderate alcohol consumption, ALAC had significant reservations

about aspects of the pending 1989 legislation and subsequently undertook a very public campaign to sway public and political opinion. Paid advertising was placed in a range of media to draw attention to the debate and to urge members of parliament to adopt a *public health view* when voting on the legislation. Not all government MPs appreciated an autonomous Crown Entity undertaking such a public lobbying campaign and subsequently when the new National government came to power in 1990, the Associate Minister of Health ordered a full review of the ALAC organisation.¹³⁶ Two barristers undertook the subsequent review and in their report described ALAC’s record as “mixed” and recommended a number of changes to its structure and areas of work.¹³⁷

In response to the review, the existing ALAC Council members were asked to resign *en masse*, which they subsequently did. A new Council was ushered in, headed by John Collinge who, coincidentally, was also the Chairman of the ruling National Party. The Minister also directed ALAC to liaise more closely with the alcohol industry – an instruction that disturbed many in the public health field as they were concerned this would compromise the organisation’s independence and advocacy role.¹³⁸

Ten years later and under an incoming Labour government, a further review of ALAC was undertaken and this resulted in parliament passing the 2000 Alcohol Advisory Council Amendment Act. This Act is significant in that it explicitly encouraged the appointment of ALAC Council members who had experience in the public health field and made no requirement that ALAC be guided by the alcohol industry. A 2002 paper reviewing the ALAC organisation commented that under the new legislation there was:

“less scope for political appointees who bring little in the way of alcohol-related skills or experience to [the] Council. More fundamentally, the appointment of Council



Figure 65. ALAC logo, 2010s.

members with specific public health and social policy experience can be anticipated to change the Council's complexion... and policy decisions".¹³⁹

When ALAC was established in 1976 interventions targeting the *individual drinker*, the *drinking environment* and the *national drinking population* were very much in their infancy. ALAC would be required to take new directions and build capacity to meet the challenges that the following 35 years would bring - and it was alcohol-related research that would inform many of these developments.

RESEARCH

In the early 1980s, public health research was still in development and there was limited alcohol-related study being undertaken. To remedy this, ALAC funded a multi-disciplinary research team under the leadership of Professor Sally Casswell at the University of Auckland, to commence our first national surveys assessing drinking behaviour and attitudes. Professor Casswell would go on to establish a new research centre (SHORE) in the 1990s and work in partnership with Helen Moewaka Barnes and the Maori research group Te Ropu Whariki. ALAC also initiated funding of alcohol treatment research through the National Centre for Treatment Development (which would subsequently become the National Addiction Centre) under the Directorship of Professor Doug Sellman. Today these research centres continue to generate a comprehensive range of alcohol-related research data.

In the late-1990s, ALAC commenced its own national Alcohol Monitor survey. In the 2000s, three specialised national surveys also began operation: the Ministry of Health started to collect general drinking data; the University of Otago's Injury Prevention Unit, commenced research assessing *tertiary student* drinking behaviour; and the Adolescent Health Research Group at

the University of Auckland undertook research assessing *secondary school student* health including drinking behaviour.

During this period the Police and a wide range of government Ministries (e.g. Transport, Youth Justice and Social Development) also developed increasingly sophisticated data gathering procedures to identify the impact of alcohol within their areas of work. Today we are very fortunate to have access to an increasingly comprehensive range of data detailing our national drinking behaviour and its consequences. This situation is a far cry from the 1970s.

Over 35 years ALAC spent approximately ten percent of its budget on research and was responsible for initiating and supporting a large proportion of New Zealand's alcohol-related research. Further information detailing ALAC's research initiatives is documented in Appendix Four. A detailed list of ALAC's research publications can be viewed on their website.^{xl}

INDIVIDUAL DRINKER INTERVENTIONS

A primary strategy used to target the individual drinker is education. Up until the 1970s the majority of our alcohol-related educational materials had been produced either by prohibition/temperance organisations detailing the *evils* of alcohol use, or by the AA and NSAD organisations outlining the characteristics of alcoholism. Sir Leonard Thornton instructed ALAC to produce a comprehensive range of alcohol education materials and in 1980 ALAC produced its seminal pamphlet, *Drinking Behaviour: Patterns of Use and Abuse* (Figure 68 and 69). This resource was significant in that it depicted alcohol consumption on a continuum, progressing from social drinking through to alcohol dependency.

In the early 1990s there were independent

^{xl} See: www.alac.org.nz/research-resources/research-publications



Figure 66. Low-risk drinking guidelines (source: ALAC Drink Check educational pamphlet, 2010s).



Figure 67. Standard drink examples (source: ALAC Drink Check educational pamphlet, 2010s).

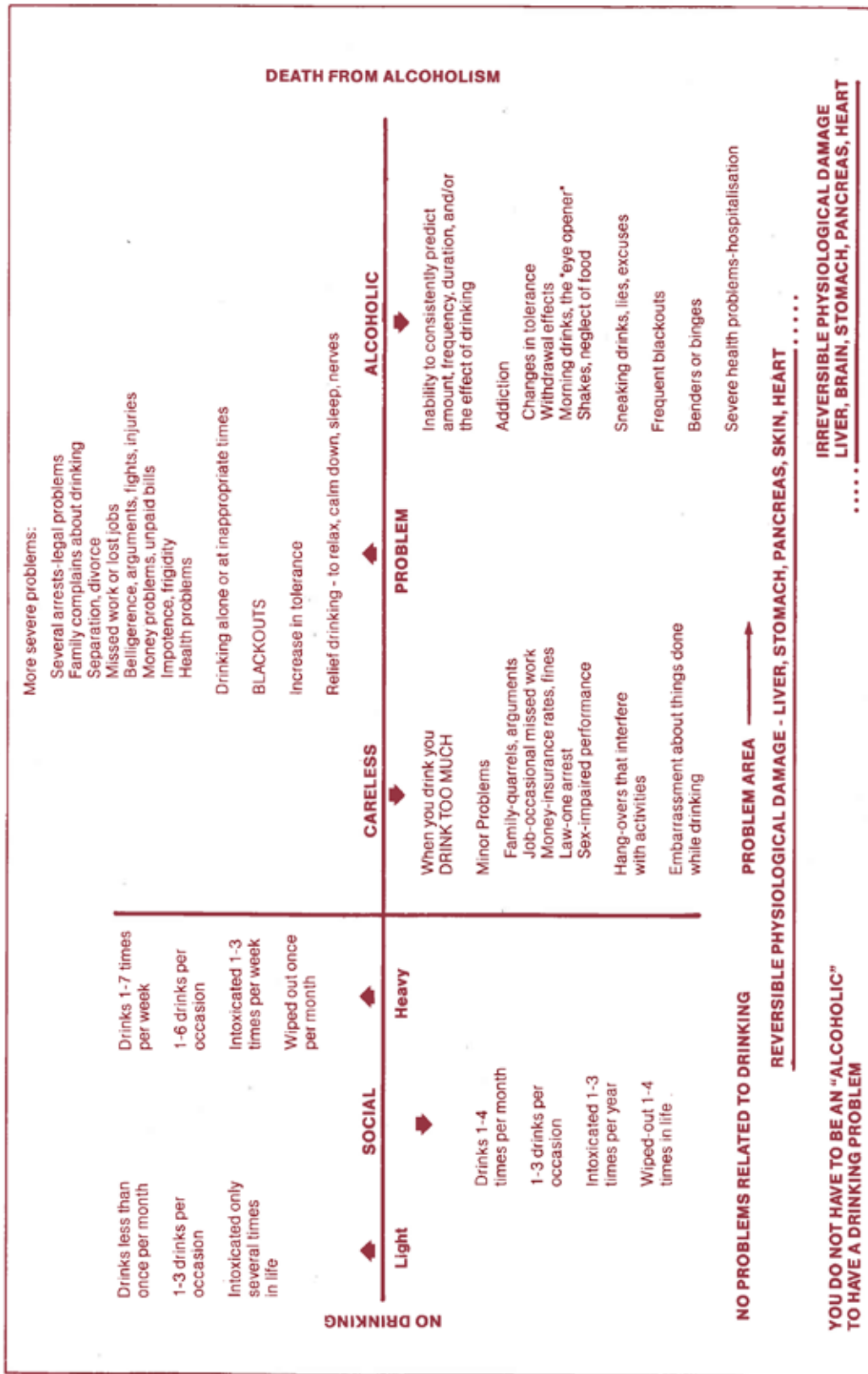
moves by ALAC and the alcohol industry to develop drinking guidelines. To avoid public confusion (and possible conflict), ALAC convened a working party of public health, alcohol industry and ALAC representatives to review international research. The working party subsequently produced the 1995 milestone report *Upper Limits for Responsible Drinking – a guide for health professionals*. Over the past twenty years, as further research has become

available, the recommended drinking guidelines in many countries, including New Zealand, has reduced in volume and split into recommendations for low-risk *single occasion* drinking and *long term* drinking (Figure 66). Further information detailing low risk drinking is available on the ALAC website.^{xli}

xli See: <http://www.alcohol.org.nz/alcohol-you/your-drinking-okay/low-risk-alcohol-drinking-advice>

ALCOHOLIC LIQUOR ADVISORY COUNCIL
 P.O. Box 5023, Wellington. Telephone: 720-997

DRINKING BEHAVIOUR: Patterns of Use and Abuse



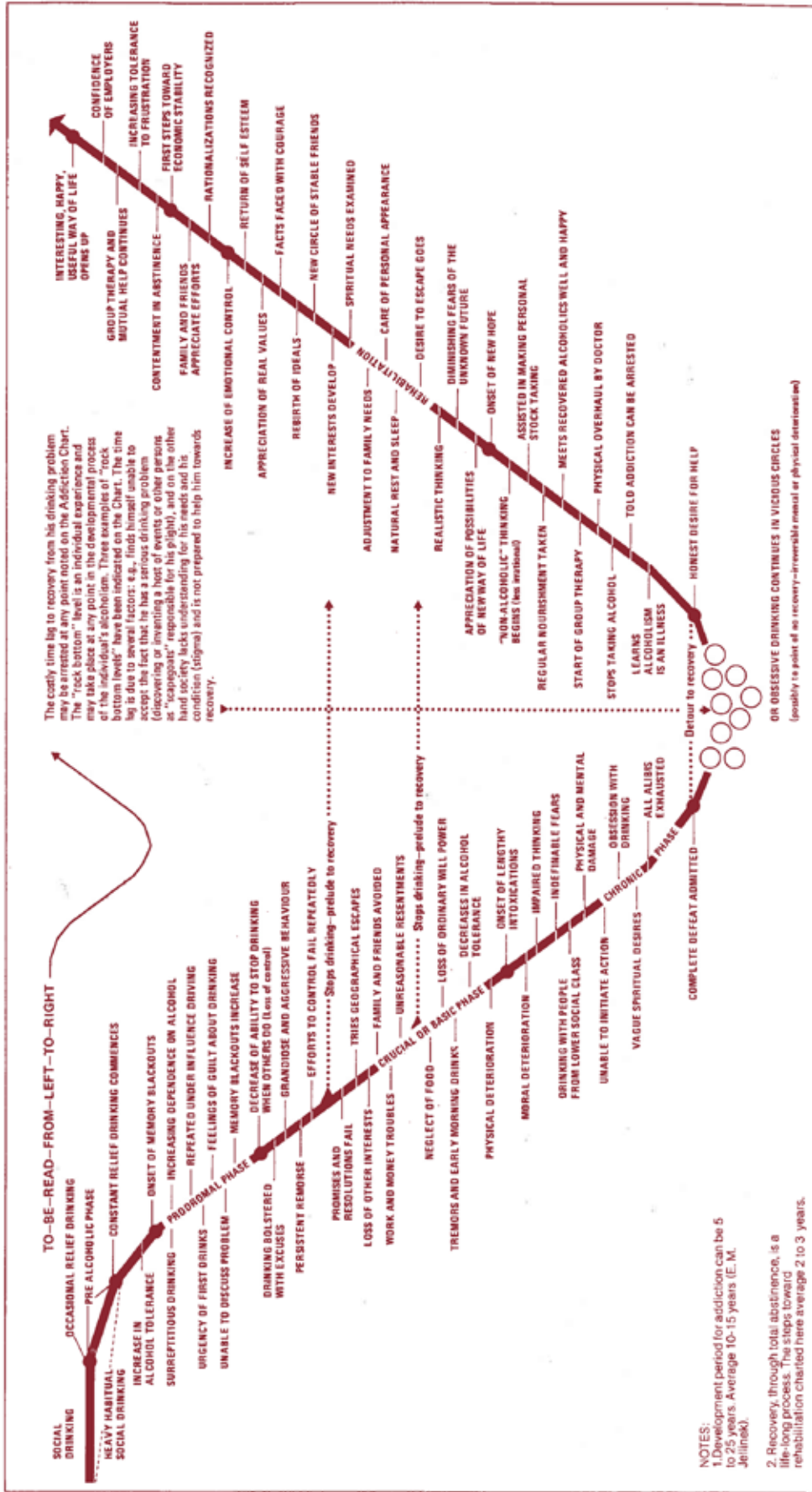
Source: Worden, M. and Roeselini, G. Problem drinking continuum a tool for treatment, training and education. Journal of Alcohol and Drug Education 25 (2): 41, 1980

THE COPYING MACHINE 0385/5M

Figure 68. ALAC Drinking Behaviour: Patterns of Use and Abuse educational poster, 1980s.

ALCOHOLIC LIQUOR ADVISORY COUNCIL
 P.O. Box 5023, Wellington. Telephone: 720-997

A TENTATIVE CHART OF ALCOHOL ADDICTION AND RECOVERY



Source: The left side of the chart is based on E. M. JELLINEK 1951 and the whole is reproduced from M.M. GLATT'S 'The Alcoholic and the Help he Needs', Priory Press, 1969

Figure 69. ALAC A Tentative Chart of Alcohol Addiction and Recovery educational poster, 1980s.

From the 1980s onwards, a wide range of community and service organisations also developed alcohol education programmes for use in schools and community settings. The Foundation for Alcohol and Drug Education (FADE) was a leading group with Murray Deaker the primary catalyst and Director for a number of years. FADE would subsequently support the establishment of the Life Education Trust, another health-based education organisation. Over the years these organisations, along with many others, have continued to provide New Zealanders with alcohol (and drug) related education.

Although alcohol education programmes are important, evaluative research consistently demonstrates that these programmes must be incorporated into broader *drinking environment* and *population-based* harm reduction strategies if they are to achieve (and maintain) effective drinking changes. Examples of other ALAC alcohol education materials are shown in Figures 70-73. A full list of ALAC's educational resources can be viewed on their website.^{xlii}

The area of *individual drinker* intervention also includes alcohol treatment services and during its 35 years, ALAC was instrumental in initiating, supporting and funding a wide provision of treatment programmes. For readers interested in this area, a summary of ALAC's contribution within the treatment field is detailed in Appendix Five.

DRINKING ENVIRONMENT INTERVENTIONS

There is a great deal of variability in drinking environments throughout the country and ALAC realised early on that local situations often required local solutions. Three notable projects (amongst many) initiated by ALAC included the development of effective *alcohol policies*, the

establishment of *target population interventions*, and the creation of the *host responsibility campaign*.

While legislation is employed to control the sale and supply of alcohol at a national level, alcohol policies represent a form of best practice guidelines in managing a particular drinking environment or situation. Alcohol policies have a long history in New Zealand and have been used by local councils, work places, iwi, clubs, stadiums and Police to reduce alcohol-related harm. Examples of various ALAC-initiated alcohol policies are shown in Figures 74-78, and in Appendix Six. A full list of alcohol policies can be viewed on the ALAC website.^{xliii}

ALAC regularly developed its alcohol policies in consultation with community groups, researchers, service providers, and alcohol industry representatives. Gerard Vaughan remarked that maintaining links with community and institutional groups was fundamental to ensuring that the ALAC organisation sustained a *two way* flow of information between itself and its stakeholders, and ensuring its policy initiatives remained relevant.¹⁴⁰

When it came to developing alcohol intervention initiatives, ALAC recognised that *one size does not fit all* and there was a very real need to provide appropriate services for specific target populations. Consequently, in the 1980s ALAC appointed a National Maori Coordinator whose brief was to liaise and coordinate programmes specifically focused on Maori needs. Increasing demand from the community led to the creation of an ALAC Maori Advisory position in 1988, and then in 1991, a Maori programme was developed to support Maori community workers in the areas of treatment, research and health promotion. In 1987, the Kua Makona campaign was released under the auspices of the ALAC Maori programme and it would become the umbrella for ALAC's

xlii See: <http://www.alcohol.org.nz/research-resources>

xliii See: <http://www.alcohol.org.nz/legislation-policy>



Figure 70. ALAC educational resource Is Your Drinking Okay? 2010s.



Figure 71. ALAC educational resource Alcohol & You, 2010s.

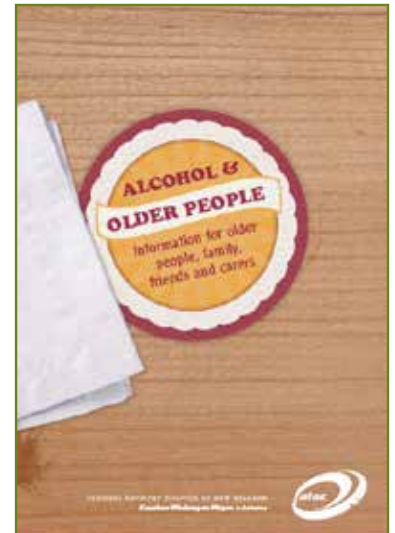


Figure 72. ALAC educational resource Alcohol and Older People, 2010s.



Figure 74. ALAC policy/guideline document Guidelines for Managing Alcohol at Large Events, 2010s.



Figure 75. ALAC policy/guideline document Guidelines for the Development of Alcohol Accords, 2010s.

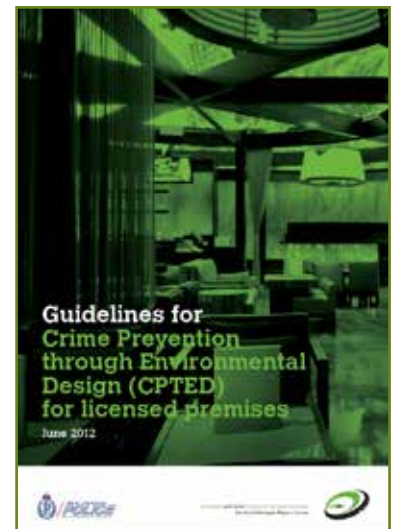


Figure 76. ALAC policy/guideline document Guidelines for Crime Prevention, 2010s.

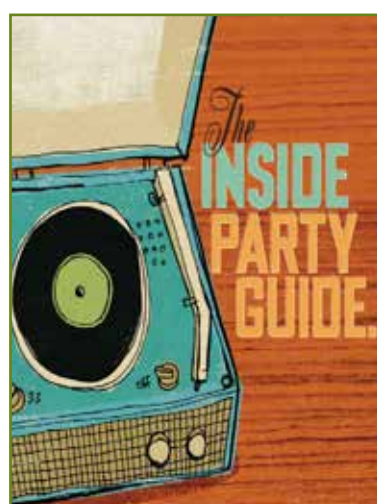


Figure 77. ALAC policy/guideline document Inside Party Guide, 2010s.



Figure 78. ALAC policy/guideline document Ease Up On The Drink, 2010s.

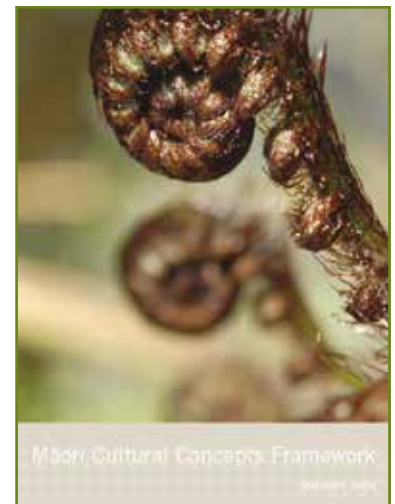


Figure 79. ALAC Maori-based resource Maori Cultural Concepts Framework, 2000s.

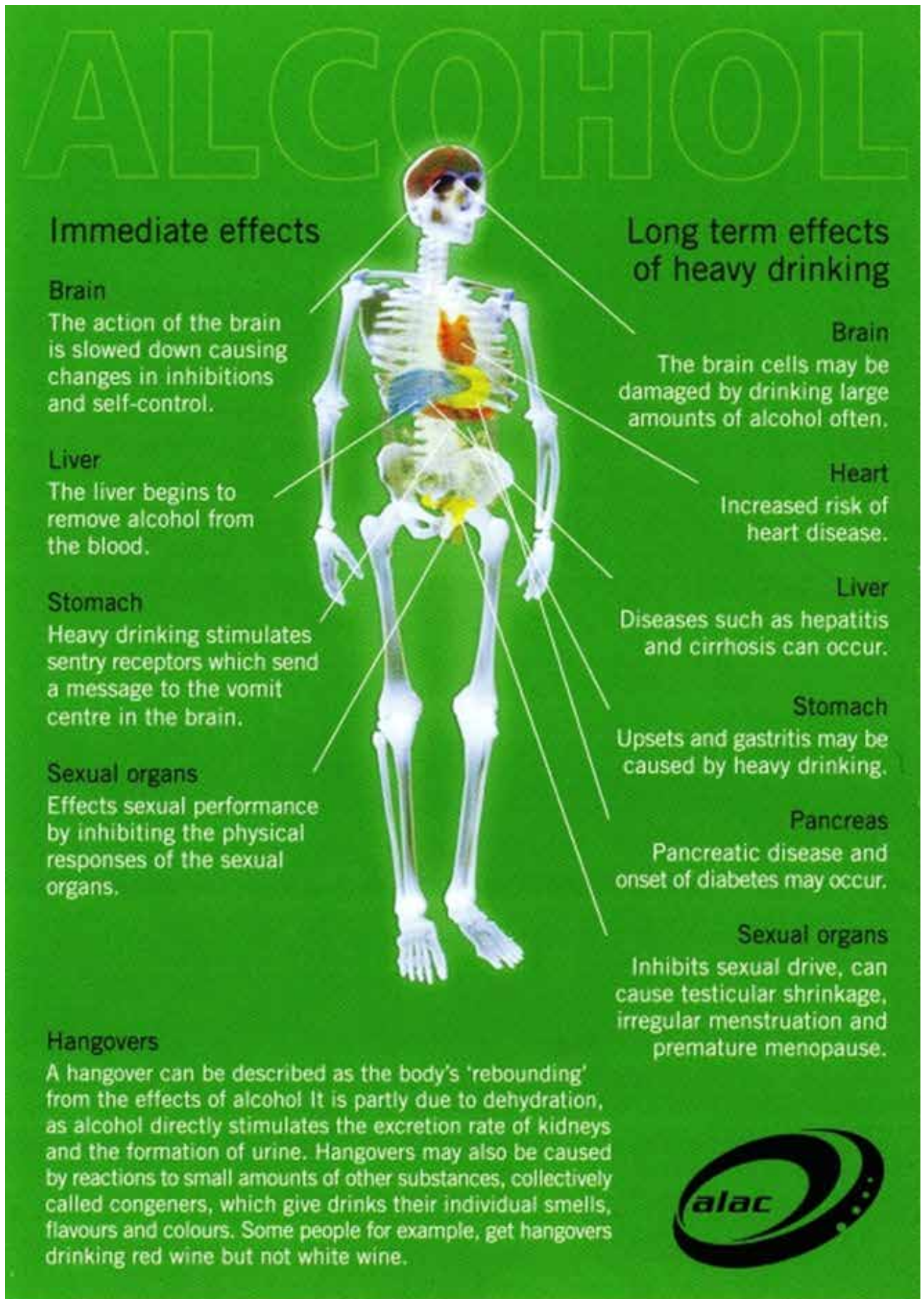


Figure 73. ALAC the effects of alcohol on the body (see: ALAC educational pamphlet Alcohol – the body and health effects, 2010s).

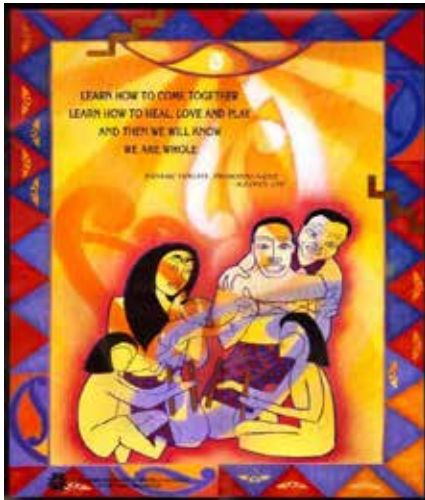


Figure 80. ALAC Maori-based poster Manaaki Tangata campaign, 1990s.



Figure 81. ALAC Maori-based resource Ki te Ao Marama, 2010s.

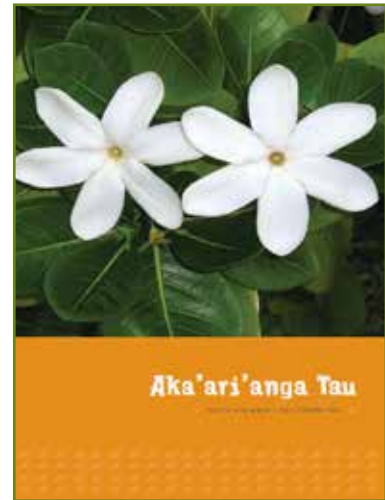


Figure 82. ALAC Pacifica-based resource Aka'ari'anga Tau, 2010s.

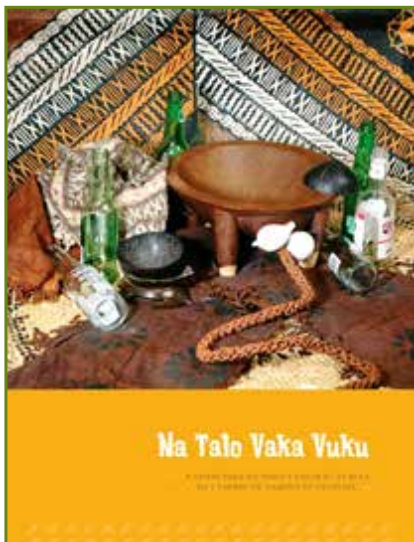


Figure 83. ALAC Pacifica-based resource Na Talo Vaka Vuku, 2010s.

We're Responsible Hosts
THAT'S WHAT FRIENDS ARE FOR

Every town and city in New Zealand has a problem with drinking and driving. We want you to know what we are doing to help reduce this problem, and what you should expect from our staff.

- We will make sure our staff and management are looking after you, by offering food and alternative drinks as well as alcohol.
- We will promote transport options to get you safely home.
- We will encourage more people to have a lifesaver (designated driver). We will make the lifesaver's job more attractive by providing an interesting range of low-alcohol and alcohol-free drinks.
- We will make sure all these services are well promoted – you won't have to go looking for them. We will have signs on display outlining what we provide as responsible hosts.
- It's against the law to serve someone who is intoxicated. We will maintain a training and management policy to give our staff the skills and support they need to do their job responsibly.

Please be our guests and take advantage of these services.

Host Responsibility makes sure that everyone has a good time, and leaves in safe shape for the road home.

It could save your licence, and it could save your life.

Host Responsibility
THAT'S WHAT FRIENDS ARE FOR

Figure 84. ALAC, Host Responsibility poster, 1980s.

"Having a Party?"

4 IDEAS FOR RESPONSIBLE HOSTS



Give 'em some choices

These days people want a choice. Provide a good range of low-alcohol and alcohol-free drinks.



If You force it, you'll blow it

Forcing drinks on people isn't smart, especially with younger guests. Go easy, and everyone will have a good time.



Get 'em home Safe

Think ahead if your guests have to drive home later. When someone shouldn't drive, arrange a lift for them, or have them stay the night.



Give 'em a decent feed

Good hosts put on a good kai. Something solid, not just chippies and nuts. Feed 'em well, and have a great party.

Alcohol Helpline 0800 787 797
HPO6/June 1997

Host Responsibility
THAT'S WHAT FRIENDS ARE FOR

Alcohol Advisory Council of New Zealand



Figure 85. ALAC Host Responsibility poster, 1990s.

Maori projects promoting moderate alcohol use amongst Maori drinkers. In 1995, the Manaaki Tangata campaign was developed as a new strategy (Figures 79-81 illustrates a number of Maori-based resources). Readers interested in the area of alcohol and Maori are referred to the very good book by Tami Cave and colleagues, *He Tete Kura: Maori addiction treatment 1980-2008*.¹⁴¹

Trends in behaviour can be identified through good public health research. By the 2000s, ALAC had identified Pacific Island peoples as a population also requiring targeted interventions and a Pacific Manager was appointed to work with Pacific communities. Figures 82-83 feature examples of Pacific Island-based alcohol resources

In the 1980s, ALAC staff lead by Jenifer Hewitt, formulated (in consultation with alcohol industry representatives) a campaign targeting drinking and driving behaviour titled *Host Responsibility*. This new initiative encouraged bar and private party hosts to take responsibility for their patrons/guests drinking behaviour. It also invited friends to intervene to ensure that the intoxicated drinker did not drive home (Figure 84). This campaign was very successful and the principles of Host Responsibility were later widened to promote moderate drinking behaviour in all drinking settings (Figure 85). The host responsibility campaign was also adapted into the Kua Makona and Manaaki Tangata programmes. Today many New Zealanders are very familiar with the host responsibility principles of providing

food, safe transport, non-alcoholic drinks and safe alcohol-serving practices.

NATIONAL DRINKING POPULATION INTERVENTIONS

The two primary strategies used to target the national drinking population are *legislation* and *national campaigns*. As an advisory body, ALAC provided regular advice to successive Governments on alcohol legislation. While alcohol legislation and its enforcement, works to modify drinking behaviour through regulatory change; national campaigns endeavour to connect with the *hearts and minds* of drinkers, with the intention of changing drinking attitudes and behaviour.

ALAC launched the promotional campaigns *Say When* in the 1980s and *Where's that drink taking you?* in the 1990s (Figure 86). These initiatives invited drinkers to reflect on the potential consequences of their drinking, and to stop or slow down their alcohol consumption before reaching a negative consequence. The 1990s also saw the arrival of two public health developments that would subsequently transform drinking initiatives and ALAC as an organisation: health promotion and social marketing.

Health promotion incorporated the previously separate, but related areas of education, policy, research, liaison, advocacy and social marketing, into an integrated strategic approach. Health promotion initiatives endeavour to empower individuals, through the strategic mix of methods,



Figure 86. ALAC Where's that Drinking Taking You pamphlet, 1990s.

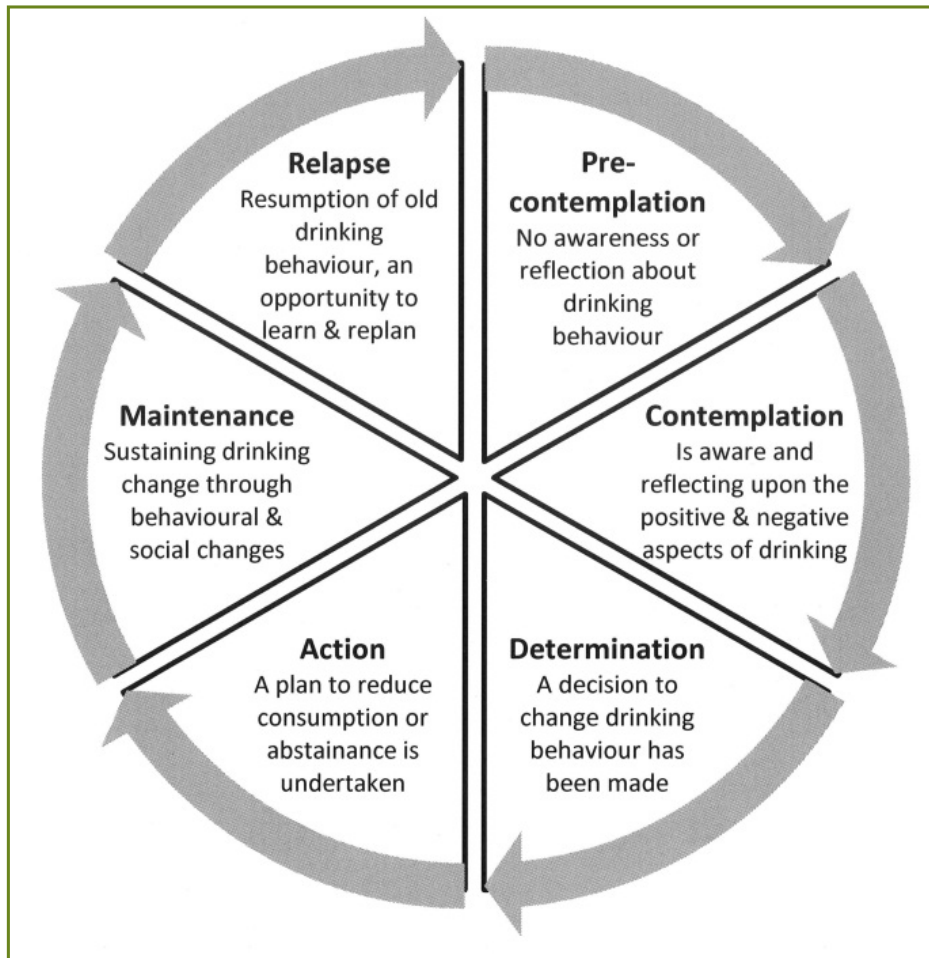


Figure 87. Drinking-related Stages of Change model.

**However you do it, tell them to
ease up on the drink.**

Call 0800 787 797 to talk



Figure 88 ALAC Ease Up on the Drink campaign poster, 2000s.

to make better decisions about their lifestyle choices. Today health promotion has become a strong feature of the public health discipline and it is no coincidence that the ALAC organisation would ultimately be transformed into a Health Promotion Agency.

Social marketing utilises the principles of commercial marketing to achieve social good (rather than sell a product) and, like commercial marketing it employs an integrated mix of media. ALAC's 2005 *It's not the drinking; it's how we're drinking* campaign is a good example of this development. This campaign was promoted through television, radio, print and internet-based media, and was incorporated into a range of educational, community and policy focused initiatives.

A central feature of social marketing campaigns is that they (generally) do not attempt to instruct or force individuals to change their behaviour, as this is usually unsuccessful. Instead, social marketing campaigns invite individuals to reflect upon their experience and then make a decision to engage with a new desirable behaviour.

This process is best illustrated using a *Stages of Change Model* developed by researchers at the University of Rhode Island in the 1980s.¹⁴² Researchers found that the motivation to maintain a behavioural change can often be a very fluid experience and that individuals typically pass through up to six stages of change.

Figure 87 illustrates the Stages of Change Model in relation to alcohol. Most relevant is that the social marketing campaign engages a drinker within the *contemplation stage* - where they are required to reflect on the positive and negative aspects of their drinking behaviour. If a drinker subsequently decides they have a difficulty with alcohol, they can then be supported to move into the *determination, action* and *maintenance* stages.

For social marketers, promoting moderate alcohol consumption can be very challenging, as

many heavy drinkers whom their campaigns target, view excessive drinking as desirable and some alcohol-related harms as acceptable. It is for this reason that the ALAC campaigns have been such hard-hitting promotions that realistically display the negative effects of alcohol misuse (in an effort to engage drinkers in the contemplation stage). These striking advertisements received significant criticism for their explicit details. In response, ALAC CEO Gerard Vaughan stated that he made no excuses for the graphic nature of the campaign, commenting:

"the commercials mirror the serious effects of alcohol misuse and do not exaggerate what is happening every week around New Zealand ... They aim to get New Zealanders thinking about the personal costs of binge drinking – to them, and their friends and family".⁴³

Drinkers engaged in the contemplation stage, typically benefit from talking with others about their alcohol use. Accordingly, whom they choose to talk with can be very influential. If the drinker converses with other heavy-drinkers, then their problematic consumption may be judged acceptable and normal.

In 2010, ALAC launched the *Ease up on the drink* campaign (Figure 88). This campaign invited problem drinkers to again contemplate the harms their drinking might be causing to themselves and to others; but this time, it also encouraged family and friends to speak up and discuss their alcohol-related concerns with the problem drinker. Implicit in this campaign, is a message that it is important to talk with a problem drinker about their drinking and to give them feedback about the consequences of their behaviour.^{xiv} Positive role models – whether

xiv In the first two months following the screening of the *Ease up on the drink* campaign, the Alcohol Drug Helpline experienced a significant increase in calls. Paul Rout, Chief Executive Officer of Alcohol Drug Association of New Zealand, reported that there was a 34 percent increase in callers ringing about their drinking.



Figure 89. New Zealand Transport Agency's drinking-and-driving Legend campaign image, 2010s.

family, community, sporting or culturally-based - can be very influential for drinkers engaging in the contemplative stage of change.

The Ministry of Transport has undertaken a similar social marketing approach with their recent drinking and driving *Legend* and *Donna Time* campaigns: where family members and friends express their concerns and opinion that it is not acceptable to drink and drive (Figures 89-90).

It is important to note that international research continues to demonstrate that social marketing campaigns are most effective only when they are integrated into a comprehensive strategy of interventions, and when they are *not* undermined by competing campaigns.

The Ministry of Transport's success in utilising social marketing campaigns to change our drinking and driving culture (in comparison to the pre-1980s culture) is a good example of this integration of strategies. Their campaign was supported by drink-driving legislation, community initiatives promoting host responsibility initiatives including the provision of alternative transport options, and a very resilient police enforcement programme

featuring high profile random breath testing.

While the ALAC social marketing campaigns have also been integrated into a range of interventions, they have however, also had to compete within a media environment that is saturated with alcohol brand promotions, perpetually portraying drinking in a positive light. The Law Commission recognised this conflict when they commented:

“one of the factors that influences the effectiveness of the social marketing campaign is the volume of alcohol advertising compared with the reach of the campaign”.¹⁴⁴

As previously noted, effective alcohol-focused social marketing campaigns must, in part, highlight the negative aspects of alcohol use. In contrast, alcohol brand advertising promotes the positive aspects of alcohol use. While alcohol advertising and sponsorship remains a feature of New Zealand society, alcohol social marketing campaigns will continue to be undermined.

Over 35 years, ALAC was responsible for instigating and supporting a comprehensive range of alcohol focused initiatives. During this time ALAC was not alone however, as a number of other institutions, advocacy organisations, iwi and community groups were also working to reduce alcohol-related harm.



Figure 90/ New Zealand Transport Agency's drinking-and-driving campaign Donna Time image, 2010s.

13. ALCOHOL REFORM BILL – THE PREQUEL



The 1989 Sale of Liquor Act and its subsequent 1999 amendment marked a swing in the pendulum of alcohol-rights in favour of the alcohol industry. It is arguable that many Parliamentarians supported the liberalising of our national liquor laws in the belief that by allowing alcohol to be freely available in cafes, restaurants and bars; for sale in supermarkets, grocery stores and neighbourhood bottle shops; and promoted in television, radio and print media, along with sponsorship of sporting codes and lifestyle events - alcohol would be *normalised* within the community and this would in turn promote a more moderate Southern European style of drinking behaviour. The Southern European style of *wet* drinking (e.g. characterised by daily/frequent moderate alcohol consumption) has itself been romanticised over the years and is in fact associated with higher levels of alcohol dependency (alcoholism) and other chronic alcohol-related harms.^{xlv}

Unfortunately, alcohol is not an ordinary commodity and over the past 20 years, a reasonably static core of male drinkers and a growing number of female drinkers have continued to drink excessively. A young New Zealander reaching the legal alcohol purchasing age of 18 years today will have spent their whole life growing up within this liberalised alcohol environment.

In response to on-going concerns about levels alcohol misuse, alcohol-focused community groups were established in every major New Zealand centre during the 1990s and 2000s. Many of these groups coordinated regional initiatives targeting individual drinkers and the local drinking

environment. Alongside these community groups, four national organisations were established: Alcohol Healthwatch, the New Zealand Drug Foundation, the Group Against Liquor Advertising and Alcohol Action. These organisations recognised that national population-based approaches were also required and advocated for evidence-based legislative interventions. An overview of alcohol intervention strategies is detailed in Figure 91.



In 1994, Alcohol Healthwatch was established as an independent Charitable Trust with the goal of reducing alcohol-related harm through raising public awareness, promoting effective alcohol policies, and fostering community and national networks. The organisation's director, Rebecca Williams, has been in the role since the early 2000s and is frequently approached by the media for comment on alcohol-related issues.

At a national level, Alcohol Healthwatch coordinates a range of committees and networks including the National Advisory Group on Tertiary Student Drinking and the Fetal Alcohol Network of NZ. The group also supports community groups to make alcohol-related submissions to local and national government committees.^{xlvi}



The New Zealand Drug Foundation was established in the 1990s as a charitable trust dedicated to reducing

^{xlv}Recent research also reveals that some of the traditional differences between the Northern and Southern European (dry/wet) drinking styles has been diminishing over time, particularly amongst younger European drinkers (see: Makela, 2006).

^{xlvi} It is interesting to note that the Alcohol Healthwatch organisation developed out of a regional community group: the Auckland Council on Alcohol and Drugs which was established in the mid-1980s to address alcohol and drug issues within the Auckland region. Further information detailing the Alcohol Healthwatch organisation is available at: <http://www.ahw.org.nz/>

ALCOHOL INTERVENTION STRATEGIES ¹

INDIVIDUAL	LOCAL ENVIRONMENT	NATIONAL POPULATION
<p><i>Drinkers</i></p> <ul style="list-style-type: none"> Alcohol education programmes Brief-intervention drinking assessments <p><i>Problem Drinkers</i></p> <ul style="list-style-type: none"> Alcohol treatment services Alcohol support services e.g. AA, church and community organisations <p><i>Research</i></p> <ul style="list-style-type: none"> Research focused upon individual drinkers 	<p><i>Community</i></p> <ul style="list-style-type: none"> Alcohol management policies e.g. guidelines for the provision of alcohol in work places, stadiums, marae, community venues, social and sporting clubs Community programmes targeting at risk drinking populations e.g. age, gender, ethnicity and social groupings Police, health and community staff liaison, and monitoring of liquor outlets and alcohol-related events <p><i>Local Alcohol Policy (governing)</i></p> <ul style="list-style-type: none"> Amendments to the hours that alcohol can be sold The density of alcohol outlets in community districts The location and timing of regional alcohol bans Liquor licencing procedures and monitoring of premises by licencing inspectors <p><i>Research</i></p> <ul style="list-style-type: none"> Research focused upon the drinking environment 	<p><i>Legislation (governing)</i></p> <ul style="list-style-type: none"> Off-licence alcohol sales, e.g. in grocery stores, supermarkets and speciality bottle stores On-licence alcohol sales, e.g. in bars, pubs, restaurants and cafes The hours that alcohol can be sold. The minimum purchasing age The price of alcohol, e.g. taxation and minimum pricing regimes The promotion of alcohol, e.g. advertising & sponsorship The placement of health warnings on alcohol containers BAC drinking and driving levels <p><i>Enforcement</i></p> <ul style="list-style-type: none"> Police enforcement of legislation and local bylaws <p><i>National Campaigns</i></p> <ul style="list-style-type: none"> Social marketing campaigns promoting a moderate drinking culture Social marketing campaigns aimed at reducing drinking and driving behaviour <p><i>Research</i></p> <ul style="list-style-type: none"> Research focused upon the national drinking culture

Figure 91. Alcohol intervention strategies across three targeted areas.

drug-related harm, including the legal drugs of alcohol and tobacco. The Drug Foundation is based in Wellington and provides support for addiction workers, drug-related information, advocates for evidence-based local/national policies, and also convenes a number of nationwide forums including an annual Parliamentary Drug Policy Roundtable for members of parliament and government officials. The Foundation's executive director, Ross Bell, frequently comments in the media on alcohol and drug matters.^{xlvii}



In the 1990s the Group Against Liquor Advertising (GALA) was established in response to the 1992 government decision to permit alcohol brand advertising under a self-regulatory body. Under the Chairmanship of Dr Viola Palmer and others, GALA actively lobbied for a return to the pre-1990s era of restricted alcohol advertising. The group promoted and distributed educational materials detailing the harms associated with alcohol advertising, presented submissions to parliamentary committees, liaised with community groups, lobbied MPs and had advertising complaints upheld by the Broadcasting Complaints Authority. In 2012 GALA was disbanded, with many members transferring their alliance to the Alcohol Action organisation.^{xlviii}

Alcohol Action is a recently formed advocacy organisation that came to prominence during the Law Commission's and Select Committee's consultation processes. The organisation began as a working group of doctors and other health professionals dedicated to promoting a public health approach to reducing alcohol-related harm (based upon the research evidence); however, the

group soon recognised that there were many others in the community who also held similar alcohol-related concerns. Over time Alcohol Action expanded into a nationwide community-based network with thousands of members.^{xlix}



The Alcohol Action organisation was instrumental in promoting the 5+ Solution based upon the most recent international alcohol research endorsed by the World Health Organisation. Spokespersons for the Alcohol Action group – Professor Doug Sellman, Professor Jennie Connor and Dr Geoffrey Robinson – are frequently interviewed in the media on alcohol issues.

In 2008, when the Government requested the Law Commission undertake a review of our liquor laws, it is unlikely many anticipated the scale of the public's response. Not since the prohibition movement of the early 1900s, had so many New Zealanders risen up to express their views. Health professionals, community groups, iwi, and professional bodies representing affected workers (e.g. in social, health, and justice services), were particularly vocal in detailing concerns about the high levels of alcohol misuse within the community and the need to (again) affirm the rights of society to protect itself from alcohol-related harm.

Alcohol Healthwatch and the Drug Foundation teamed up to deliver a community engagement project titled *Our Turn to Shout*. This project disseminated information and coordinated training workshops supporting the public to make submissions. Alcohol Action also initiated a nation-wide lecture tour by Professor Sellman, detailing the high levels of harm alcohol was causing in New Zealand and the World Health Organisation-backed research supporting the 5+ Solution (Figure 92).

xlvii For further information about the New Zealand Drug Foundation see: www.drugfoundation.org.nz

xlviii For further information about GALA see: <http://www.gala.org.nz>

xlix For further information about Alcohol Action New Zealand see: <http://www.alcoholaction.co.nz>

The Law Commission would go on to receive a record number of (almost) 3,000 submissions and the Select Committee 9,000 submissions. While many submissions were made by individuals, a large proportion also represented groups of individuals and organisations. It is not unreasonable to propose that between 2008 and 2012, tens of thousands of New Zealanders engaged in the consultation process. The Law Commission's final report showed that the vast majority of submitters were very dissatisfied with the nation's liberal alcohol environment: three-quarters of submitters supported a ban or a restriction on alcohol advertising, a minimum pricing regime, a restriction in the hours that alcohol could be sold and a reduction in the density off-licence outlets.

COMMUNITY AND INDUSTRY RESPONSE

It was clear from the Law Commission's final report to parliament in 2010 that it had reviewed and accepted the research evidence. The report's 153 recommendations encompassed strategies targeting the individual drinker, the local drinking environment and the national population.

Many community and public health-based submitters were elated with the Commission's final report. Dr Geoffrey Robinson, New Zealand President of the Royal Australasian College of Physicians, echoed the hopes of many when he remarked that the report had the potential to "change the country's drinking culture".¹⁴⁵ Professor Sellman labelled the report a "tour de force" and said that the Commission had taken a "courageous stand" in spite of fierce lobbying from the alcohol industry and advertising industry. Professor Sellman further commented:

"The heavy drinking culture is going to be brought under much greater control and gradually dismantled... The brighter future consists of improved physical and mental health for the 700,000 heavy drinking New Zealanders whose drinking will reduce, but even more importantly, it

consists of greater safety for everyone from alcohol collateral damage... The starting point for the appropriate evidence-based recommendations in the report is recognition that alcohol is a drug which has the potential for great harm.... The cost of heavy drinking in New Zealand runs into the billions of dollars the majority of which is picked up by ordinary taxpaying New Zealanders. The brighter future this report will usher in also consists of a reduction in the economic burden of alcohol-related damage on ordinary New Zealanders".¹⁴⁶

The alcohol industry was not so enamoured by the Law Commission's final report and its recommendations. Throughout the Commission's consultation process, the alcohol industry had consistently fought against population-based legislative interventions (bar two). They persistently argued that *all drinkers* should not be penalised for the faults of a *few*. One industry spokesperson summarised this position in a media release stating:

"we have a preference for proposals that target the problem and aren't population-based, and therefore don't affect everyone".¹⁴⁷

This position was highlighted in the remarks of an alcohol industry spokesperson responding to the report's recommendation to restrict alcohol marketing:

"strangling [alcohol] advertising and sponsorship would not make any difference to alcohol abuse".¹⁴⁸

The alcohol industry consistently promoted strategies targeting the *individual drinker* and most particularly the use of alcohol education programmes promoting the theme of responsible drinking. As one industry organisation commented:

"We will continue identifying ways to further encourage and promote the responsible consumption of alcohol by supporting information campaigns on responsible drinking".¹⁴⁹

THERE IS A BINGE DRINKING EPIDEMIC IN NEW ZEALAND. WE NEED TO STOP IT. SOCIETY IS SUFFERING & NO-ONE IS HELPING. WE NEED TO PROTECT OUR FUTURE & FORCE A CHANGE IN LEGISLATION. THE 5+ SOLUTION IS THE WAY TO DO THIS.

The 5+ solution

- 1 RAISE ALCOHOL PRICES
 - 2 RAISE THE PURCHASE AGE
 - 3 REDUCE ALCOHOL ACCESSIBILITY
 - 4 REDUCE MARKETING AND ADVERTISING
 - 5 INCREASE DRINK-DRIVING COUNTER-MEASURES
- PLUS INCREASE TREATMENT OPPORTUNITIES FOR HEAVY DRINKERS

**ALCOHOL
ACTIONNZ**
The 5+Solution



this is your call to action, make your mark

Visit www.alcoholaction.co.nz and have your say by making an online submission so that the Government knows how alcohol affects you, your family, workplace and community and to put a **STOP** to this crisis which is threatening the Waikato community and our country.

Figure 92. Alcohol Action 5+ Solution poster, 2011 (developed by Alcohol Action Hamilton).

At face value, the alcohol Industry assertion that if only individual drinkers consumed alcohol more responsibly, there would be no alcohol problems - is very appealing. Unfortunately, the research evidence consistently demonstrates that education campaigns are spectacularly unsuccessful in changing drinking behaviour, *unless* they are incorporated into broader drinking environment and population-based interventions. It is population-based initiatives that show the strongest evidence for reducing alcohol consumption and alcohol-related harms, and this is the reason each of the 5+ strategies are population based.¹⁵⁰

Some areas of the alcohol industry were also vocal in calling for intoxicated drinkers to be held accountable for their behaviour (maintaining the theme of individual responsibility) through the reinstatement of public drunkenness as a crime. The offence of being drunk in a public place was abolished in the early 1980s. Following advice from the Police, the Law Commission decided not to support this recommendation. It was the Police's opinion that this option would be unworkable and a significant drain on police resources. The Commission did support a *civilian notice of debt* being administered to intoxicated individuals whose behaviour caused expense to the public, particularly "where police exercise their powers of detention to either drive intoxicated people home, put them in a temporary shelter such as a hospital, or hold them in a police cell until they are sober".¹⁵¹ The Commission noted that in 2008, over 21,000 individuals were detained by Police under such circumstances. Given that this number equates to a weekly average of over 400 incidents, it is perhaps not surprising that the Police were hesitant to increase the Ministry of Justice's workload by making drunken behaviour a criminal offence.

It was the hospitality industry that consistently called for two population-based interventions: the removal of all alcohol products from supermarkets and grocery stores and a minimum pricing regime. A media release by Hospitality New Zealand summarised their position:

"The growth in sales of beer and wine from supermarkets, and supermarkets' pricing strategy, is the key driver in increased binge drinking, particularly by young people... Supermarkets have dramatically increased market share leading a shift in where New Zealanders drink. Prior to de-regulation, over 40% of alcohol was consumed in bars and restaurants - this has dropped to less than 30% and continues to fall... The entry of supermarkets in to the market has resulted in lower prices and a significant increase in alcohol being consumed in unsupervised environments... Much of the problems in hospitality precincts is driven by young people front-loading on cheap alcohol, coming in to the entertainment precincts and causing problems when they cannot access bars and entertainment venues".¹⁵²

There was, understandably, a great deal of public and commercial interest in which of the Commission's 153 recommendations the Government would incorporate into its pending alcohol Bill – and like all legislative processes, not everyone would be happy with the outcome.

14. ALCOHOL REFORM BILL – THE OUTCOME



The Government incorporated 130 of the Law Commission's recommendations into the Alcohol Reform Bill, and after spending two years passing through the Parliamentary processes, the Bill was split into three new Acts: the Sale and Supply of Alcohol Act, the Local Government (Alcohol Reform) Amendment Act, and the Summary Offences (Alcohol Reform) Amendment Act.

The Government had listened to the Law Commission's and community's concerns about the excessive *availability* of alcohol and consequently introduced new legislation to modify the drinking environment:

- restricting on-licence trading hours from 8 a.m. - 4 a.m.
- restricting off-licence trading hours from 7 a.m. - 11 p.m.
- tightening the rules governing the eligibility of smaller grocery stores to sell alcohol.
- permitting communities to have a greater say in local licensing matters through the establishment of a Local Alcohol Policy - which empowers a community to limit the location and density of licences within their region, impose conditions on licenced premises, and further restrict or extent on- and off-licence trading hours.

Recognising that the *promotion* and *pricing* of alcohol impacted upon the national drinking culture, the Government made some small changes in this area incorporating provisions:

- requiring supermarkets and grocery stores to limit alcohol-displays to a single area within their premise.
- making it an offence to promote alcohol in a way that has a special appeal to minors and/or

encourages excessive drinking.

- making it an offence to offer free goods or services with alcohol purchases.
- making it an offence to advertise free alcohol or alcohol discounts of 25% or more.

The new legislation also included provisions:

- making it an offence to supply alcohol to an under 18 year old without the consent of their parent or guardian.
- restructuring the liquor licensing process, with a fee structure determined by the associated *risk* of the licenced venue.

Many in the alcohol industry were reasonably satisfied with the new alcohol Acts. A representative for the Food and Grocery Council encapsulated this sentiment when they remarked that the Government “had created a workable, practical bill which would change the way alcohol was sold”.¹⁵³

The Minister of Justice also commented that “the reforms struck a sensible balance by reducing the serious harm caused by alcohol without penalising people who drank responsibly... it would not be the full answer [solution] and New Zealanders needed to take responsibility for their drinking habits”.¹⁵⁴

Overall the Government's and the alcohol industry's position on the alcohol issue appeared to have a similar focus – in as much as they both supported predominantly *individual drinker* and *local drinking environment* strategies.

PUBLIC HEALTH AND COMMUNITY RESPONSE

Many health and social service professionals, along with members of the community, were very disappointed with the 2012 legislation. Professor

Doug Sellman's remarks reflect the disenchantment of many seeking reform:

"The legislation comes after three years of comprehensive review, thousands of submissions, and exhaustive debate. But the Bill is so weak that it will have no significant impact on alcohol-related harm."¹⁵⁵

Rebecca Williams also commented:

"It has been harrowing to watch the already weak Bill get even further whittled away after the public submission process was over. Alcohol and supermarket interests have certainly influenced the outcomes despite the strong public support for stronger measures".¹⁵⁶

The disappointment of Professor Sellman and others was due (in part) to the failure to incorporate population-based strategies in the new legislation, including initiatives to:

- raise the price of alcohol through an increase in excise tax or a minimum pricing (this strategy was referred to the Ministry of Justice for further consideration).
- reduce the drinking and driving BAC limit (this intervention was referred to the Ministry of Transport for further consideration).
- restrict alcohol advertising and sponsorship (this initiative may be referred to a special committee for further consideration).
- limit the alcohol content of RTD drinks (the alcohol industry was permitted to self-regulate on this issue).
- raise the legal alcohol purchasing age (this strategy failed to pass a Parliamentary conscience vote).

Ross Bell commented on the likely outcome of the new legislation:

"The [new] law fails to address the most important issues to reduce alcohol-related harm.... While there are some parts of the bill which are potentially positive — such as local alcohol policies, parental consent and reducing the number of places alcohol will be available from — the new alcohol law will not reduce harm as much as people have hoped and expected".¹⁵⁷

Most fittingly, the last word on this matter should be given to the Sir Geoffrey Palmer, the principle author of the Commission's report:

"The idea the Law Commission's recommendations have been adopted is not correct. The Law Commission did a great deal of public consultation, so we felt our report represented where the public was at on these issues, but I think the views of ordinary people have not been reflected in the decisions taken... Now, of course, I can see why that may have occurred. The alcohol industry is a large industry with a lot of employees. And it is a very powerful lobby group".¹⁵⁸

Sir Geoffrey continued:

"As the principal author of the report, I would have to say we've missed a considerable opportunity and I am left with the inevitable conclusion that these issues will have to be revisited... On a personal level, I'm disappointed. You go to the trouble and expense of a two-year review and reject its most significant recommendations... and from where I sit, Parliament has let New Zealanders down".¹⁵⁹

15. SALE AND SUPPLY OF ALCOHOL ACT 2012 – THE FUTURE

Each of us will make up our own mind on how well we think the Government did in formulating the 2012 liquor legislation. While there may be some New Zealanders who hold the view that the new legislation will herald the demise of binge drinking behaviour as we know it, many believe that the Government's failure to incorporate important components of the Law Commission's recommendations has undermined the legislation's ability to positively affect our national drinking culture. Cartoonist Garrick Tremain captured the sentiments of a sizable proportion of New Zealanders in his liquor reform bill cartoon

featured in Figure 93.

A review of our national liquor laws is an event that typically occurs only once in a generation; however, it is not a forgone conclusion that New Zealanders will be prepared to wait another 20 years for the next review. As the first portion of this book clearly demonstrated, New Zealand has a long history of concerned citizens coming together to address alcohol-related issues, and during the four years of the Law Commission and Parliamentary processes, tens of thousands of individuals became engaged with the alcohol issue.

If the new legislation does prove to



Figure 93 Alcohol Reform Bill cartoon. Cartoon by Garrick Tremain, Otago Daily Times, 2010 (Alexander Turnbull Library, Ref: DCDL-0016094).

FUTURE ALCOHOL HARM-REDUCTION INTERVENTIONS

AREA	STRATEGY	AIM
Pricing	<ul style="list-style-type: none"> • A minimum price per standard drink of alcohol • An increase in the alcohol excise tax • A reduced taxation regime for low alcoholic drinks 	<ul style="list-style-type: none"> • To remove cheap alcohol products from the marketplace • To encourage the production & consumption of low alcoholic drinks • To reduce the price imbalance between off-licence and on-licence alcohol
Placement	<ul style="list-style-type: none"> • The removal of alcohol from supermarkets and grocery stores 	<ul style="list-style-type: none"> • To restrict the off-licence supply of alcohol to speciality alcohol stores • To stop the association, and normalisation, of alcohol products with ordinary (non-drug) commodities
Promotion	<ul style="list-style-type: none"> • A ban on alcohol advertising and sponsorship 	<ul style="list-style-type: none"> • To reduce the positive portrayal of alcohol • To increase the effectiveness of alcohol-based public health campaigns
Drinking & Driving	<ul style="list-style-type: none"> • A reduction in the legal blood/alcohol driving threshold from 0.08 to 0.05 mgs 	<ul style="list-style-type: none"> • To reduce the number of alcohol-affected drivers on NZ roads • To reduce alcohol consumption
Accessibility	<ul style="list-style-type: none"> • Reduction in number of off- and on-licensed premises • Reduction in trading hours • Restrictions where licenced premises can be located 	<ul style="list-style-type: none"> • To reduce density of alcohol outlets • To reduce the availability of alcohol • To reduce the profile of alcohol outlets
Purchase Age	<ul style="list-style-type: none"> • An increase in the off-licence and/or on-licence alcohol purchasing age 	<ul style="list-style-type: none"> • To delay the age onset of drinking • To reduce the supply of off-licence alcohol to under age drinkers
Health Warnings	<ul style="list-style-type: none"> • The placement of health warnings on all alcohol containers 	<ul style="list-style-type: none"> • To increase the profile of alcohol-related harms • To reduce the incidence of fetal alcohol disorder
Treatment	<ul style="list-style-type: none"> • Increased funding and provision of alcohol treatment services 	<ul style="list-style-type: none"> • To support problem/addicted drinkers to reduce or stop their alcohol use • To support alcohol-affected families
Health Promotion	<ul style="list-style-type: none"> • Increased funding and provision of health promotion initiatives 	<ul style="list-style-type: none"> • To initiate and support changes to the national drinking culture
Enforcement	<ul style="list-style-type: none"> • Increased monitoring and prosecution of on-licensed premises selling alcohol to intoxicated and/or under-age drinkers • Increased training and monitoring of bar door-staff to halt intoxicated patrons entering licenced premises 	<ul style="list-style-type: none"> • To reduce levels on intoxication in on-licensed venues • To reduce the sale of alcohol to underage drinkers • To reduce levels of intoxication in CBD alcohol-hospitality districts • To reduce preloading behaviour

Figure 94. Future alcohol harm-reduction intervention options

have limited effect upon our national rates of intoxication, addiction and alcohol-related harm, then it is conceivable that concerned New Zealanders (including some MPs) will again join with health-based lobby groups to campaign for further legislative change. It is highly probable that the 5+ Solution promoted by Alcohol Action, in conjunction with the Law Commission's other passed over recommendations, will form the foundations of the next campaign. Figure 94 details the ten likely campaign components and their desired intentions.

The issue of alcohol *accessibility* is currently being addressed in many regions through the establishment of a Local Alcohol Policy. This Policy empowers a community to restrict the density, location, trading hours and conditions, of licenced premises within their area. While this initiative appears, in principle, to be a progressive and empowering idea, it will take time to assess the effectiveness of this process (Figure 95).

If local councils follow the lead of central government, then it is likely that the rights of the alcohol industry and of individuals will be privileged, over and above the rights of society. Under this scenario much of the council talk will be about the economic benefits of a vibrant alcohol-hospitality district and the rights of drinkers to access alcohol at their convenience. Some councils may even abdicate responsibility for the process by arguing that alcohol misuse is a public health issue and therefore a central government matter. It will also be interesting to see if supermarkets and grocery stores – who are the nation's chief suppliers of wine and beer products - are able to convince councils (either through arguments of economics and convenience, or through arguing that wine and beer sales are unproblematic) that they are distinct from other alcohol suppliers and therefore deserving of licencing dispensations. Under these circumstances it is possible that very little licencing change may occur in some regions.

A particular challenge that the Local Alcohol Policy process will demand of councils is a need to become familiar with the national and international research pertaining to the accessibility of alcohol. The research work of Dr Michael Cameron and colleagues, assessing the relationship between outlet density and various alcohol-related harms within many New Zealand regions, will prove to be invaluable to many councils. Unfortunately, Dr Cameron's research has yet to be expanded nationwide and therefore there is a possibility that some councils may circumvent this part of the Local Alcohol Policy process citing a lack of local research evidence; other similarly-positioned councils may however contend that the research findings from other areas are readily transferable to their regional experience.^l

For councillors concerned about the level of alcohol misuse within their region *and* resilient enough to uphold the rights of society to protect itself and its vulnerable members from alcohol-related harm, the Local Alcohol Policy process provides a superb opportunity to initiate a positive change at a community level. It has been over 100 years since regions have had the authority to control local licencing decisions.^{li}

The remainder of this chapter will focus upon four of the most contentious harm reduction strategies identified in Figure 94: a reduction in the drinking and driving BAC threshold, a reduction in the alcohol minimum purchasing age, a restriction on alcohol promotion and the institution of an alcohol pricing mechanism.

^l Dr. Michael Cameron is a senior lecturer in economics at the University of Waikato and is also a Research Fellow in the National Institute of Demographic and Economic Analysis (NIDEA). The relevant research reports can be viewed at: <http://www.alcohol.org.nz/research-resources/research-publications>

^{li} The Local Option Poll, allowing regional control of licencing decisions, was abolished in the 1890s.

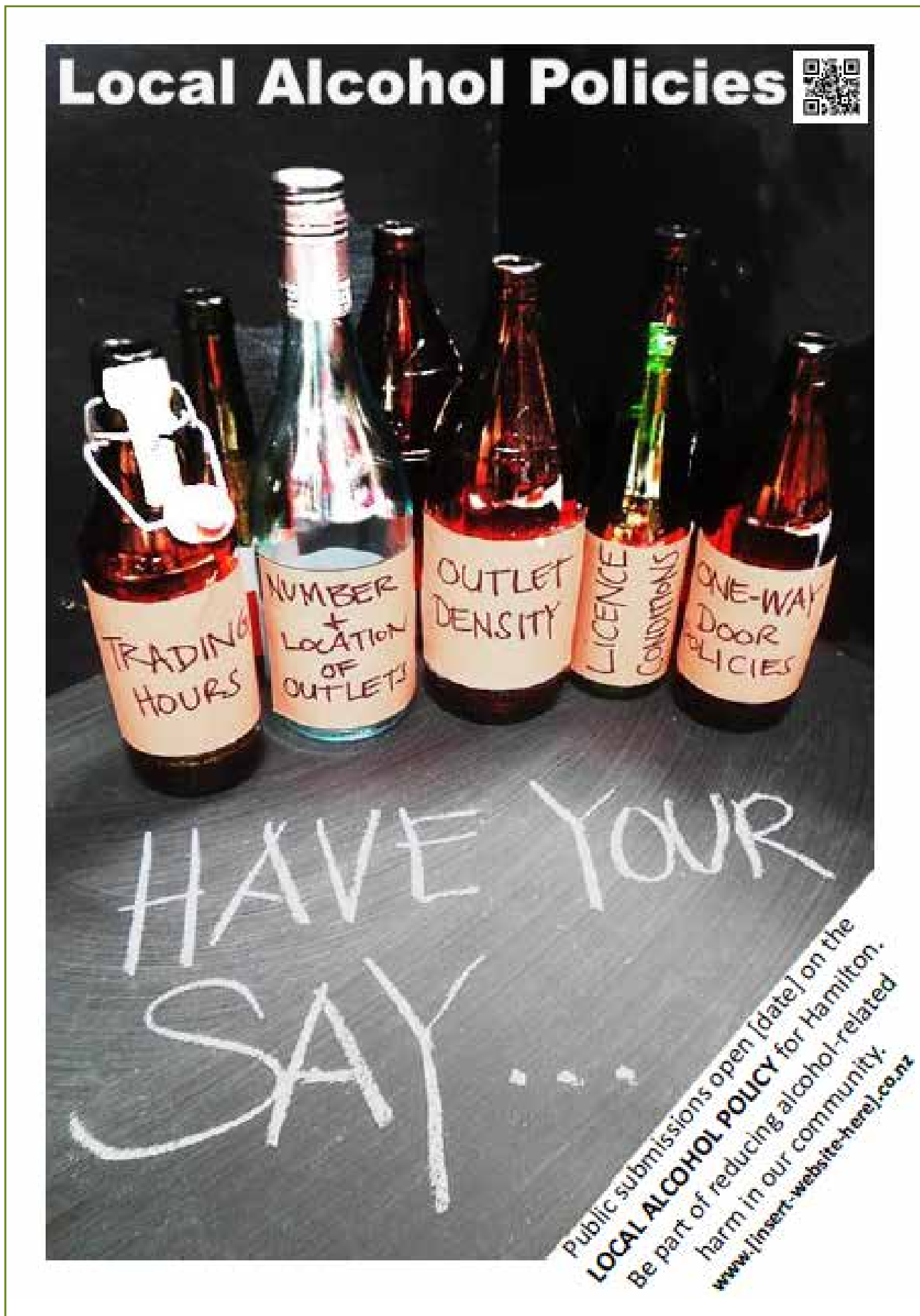


Figure 95. Local Alcohol Policy poster, 2013. Created by Robert Moore and Maree Aldridge.

DRINKING AND DRIVING

While drinking and driving legislation was not within the Law Commission's review brief, many submitters to the Commission and to the Select Committee strongly supported a reduction in the legal blood-alcohol-concentration (BAC) threshold from 0.08 to 0.05 mgs. This recommendation is supported by a substantial body of international research showing that a decrease in the BAC threshold is an effective means of reducing both road transport harms and individual consumption levels.¹⁶⁰

Presently the New Zealand drink-driving threshold of 0.08 mgs allows an average sized male to consume the equivalent of five-to-six 330ml 4% bottles of beer, and an average sized female drinker four-to-five bottles of beer, before they are likely to reach the BAC threshold.^{lii}

There is good evidence to show that the driving ability of some drinkers is adversely impaired prior to them reaching the 0.08 threshold. As a consequence, Australia and many other countries have instituted a BAC threshold of 0.05 mgs.

The New Zealand Ministry of Transport has also undertaken research showing that the risk of a fatal road crash steadily increases (particularly for 15-29 year olds) once the 0.05 BAC threshold has been reached.^{liii}

MINIMUM PURCHASING AGE

The Law Commission recommended that the minimum purchasing age of alcohol be raised to 20 years. The sitting National government responded to the recommendation by proposing a split purchase-age of 20 years for off-licences and 18 years for on-licences; however, this option was defeated in the House during the first round of a

conscience vote. The follow-up conscience vote, between a purchase age of 20 years or 18 years, resulted in MPs voting 68 to 53 in favour of the 18 years status quo.

The alcohol purchase-age debate is complex. There is robust international research indicating that an increase in the alcohol purchasing age would result in reduced levels of alcohol-related harm.¹⁶¹ There is also recent New Zealand research showing that the drop in the alcohol purchasing age from 20 to 18 years in 1999, had a minimal effect upon the drinking behaviour of 18-19 year olds. This research does however remain contestable, as some of the hospital records the research relies upon (for data) may be unreliable.¹⁶² It is also arguable that a proportion of 18-19 year old New Zealanders were drinking excessively and in on-licenced premises prior to the 1999 age drop, so it is difficult to accurately measure the impact of the 1999 change.

It is not surprising that the age debate remains highly contentious. Of all the population-based alcohol harm reduction strategies, the purchasing age is the initiative that is most closely associated with *individual rights* and New Zealand has a long history of legislation upholding individual freedoms. So it is perhaps not unexpected to find that many MPs in 2012, had difficulty supporting an increase in the purchasing age to 20 years. National MP Tau Henare articulated this position in Parliament commenting that an 18 year old New Zealander "could be entrusted with voting for the government and defending their country, but they can't have a beer? Give me a break".¹⁶³

PRICING

The effect of pricing on alcohol consumption has been one of the most extensively investigated areas of alcohol-related research. The findings from this body of work consistently demonstrate that, all other factors being equal, a rise in price leads to a drop in consumption, and a decrease in price

lii This statement is given as a guide only, as a wide range of physiological factors influence the body's ability to manage and process alcohol.

liii See: <http://www.transport.govt.nz/research/Pages/Alcohol-and-drugs.aspx>





PRICING OF <i>TYPICAL</i> ALCOHOL-CONTENT PRODUCTS						
	Type	Volume	% Alcohol	No. of stds	Current price range	Minimum price at \$1.50 per std
	Beer	330 mls	4%	1.0	from \$1.00 upwards (from \$1.00 per std)	\$1.50
	RTD	330 mls	6%	1.6	from \$2.00 upwards (from \$1.25 per std)	\$2.40
	Wine	750mls	13%	7.7	from \$7.70 upwards (from \$1.00 per std)	\$11.55
	Spirits	1 litre	37%	30	from \$30.00 upwards (from \$1.00 per std)	\$45.00

Figure 96. Minimum pricing comparison for *typical* alcohol-content products at \$1.50 per std

leads to a rise in consumption. While it is true that some alcohol consumers will respond to an alcohol price increase by switching to a cheaper alcohol alternative, pricing has still been found to impact upon overall levels of consumption.¹⁶⁴ The Law Commission proposed that the Government explore three pricing options: a minimum pricing regime to reduce the availability of cheap alcohol, an increase in the excise tax on alcohol to increase the overall price of alcohol products, and a reduction in the excise tax on low-alcohol (less than 2.5%) products to encourage the consumption of these less harmful drinks.

The issue of minimum pricing received a great deal of publicity during the Alcohol Reform Bill process. In Canada, where most provinces have a minimum pricing mechanism (through a system of government monopoly), researchers have found that a 10% increase in the minimum price has been associated with a 8% decrease in consumption¹⁶⁵ and a 9% decrease in acute alcohol-attributable hospital admissions.¹⁶⁶

Figure 96 shows the impact a minimum pricing regime of \$1.50 per standard drink (std) would have on a range of *typical* off-licence alcohol products. For example a bottle of beer that is currently sold within a range of \$1.00-\$2.50 per beer, could not be sold for less than \$1.50. Similarly, RTD drinks that are currently sold for \$2.00-\$3.50 per bottle, could not be sold for less than \$2.40.

For many *moderate* drinking New Zealanders, a minimum pricing regime of \$1.50 per standard drink would likely have a medium-to-marginal effect upon their alcohol purchases.

A minimum pricing regime would however affect drinkers who are accustomed to purchasing *cheap* and/or *high alcohol* content products. As Figure 97 illustrates, a 440 ml 8% RTD which can currently be purchased for as little as \$2.50 a bottle would increase to a minimum of \$4.50 and a 3 litre cask of wine would increase from a current low price of \$20.00 to \$45.00.

In spite of the overwhelming research evidence




PRICING OF <i>HIGH</i> ALCOHOL-CONTENT PRODUCTS						
	Type	Volume	% Alcohol	No. of Stds	Current price range	Minimum price at \$1.50 per std
	RTD	440 mls	8%	3.0 std	from \$2.40 upwards (from 80c per std)	\$4.50
	Wine	3 litres	12.5%	30 std	from \$20.00 upwards (from 65c per std)	\$45.00
	Spirits	1 litre	47%	37 std	from \$30.00 upwards (from 80c per std)	\$55.50

Figure 97. Minimum pricing comparison for *high* alcohol-content products at \$1.50 per std

supporting the impact of pricing as a valuable and effective alcohol intervention strategy – either through the use of a minimum pricing regime or an increase in the alcohol excise tax - regular comments were made by some Government MPs prior to the new legislation questioning the effectiveness of a pricing strategy. Similar comments were also made by alcohol producers, with one industry spokesperson commenting:

“We have a preference for proposals that target the problem and aren’t population-based, and therefore don’t affect everyone... Minimum pricing hasn’t been implemented successfully anywhere in the world. The Scots are trying it, the Australians are contemplating it – we’re not necessarily sure that New Zealand needs to be a pioneer in this regard”.¹⁶⁷

In the end, the Government chose not to implement a pricing regime, instead referring the matter on for further review. It is not clear why New Zealand would not want to be a pioneer in the area of pricing, particularly when pricing has been found to be such an effective means of modifying drinking behaviour and would remove

the deleterious influence of *cheap booze*. As Ross Bell, the Director of the New Zealand Drug Foundation commented:

“Right now, the cheap and nasty stuff is really only appealing because it’s cheap. A minimum pricing scheme removes the price differential between good and poor quality products. Once it loses the cheap, it just becomes nasty... and high alcohol content products become less desirable due to their increased cost”.¹⁶⁸

A minimum pricing regime would also go some way towards addressing the price imbalance between off- and on-licence alcohol prices which currently fuels our national *pre-loading* drinking culture - and many in the on-licence trade would argue that this is reason enough to warrant a minimum pricing regime.

ALCOHOL PROMOTION

Since parliament approved alcohol sponsorship and brand advertising in the early 1990s, persistent calls have been made by a wide range of organisations, individuals and MPs to reverse this decision. In 1999, when the Sale of Liquor Amendment Bill

LAW COMMISSION'S THREE-STAGE ALCOHOL PROMOTION REDUCTION PLAN

- Stage one: strengthen the market regulations making it an offence for a licensed premise to endorse any promotion that encouraged excessive alcohol consumption (note: the 2012 Sale and Supply of Liquor Act has incorporated this recommendation).
- Stage two: establish an interdepartmental committee overseen by the Ministers of Health and Justice to plan the implementation of a programme to limit exposure to alcohol promotion and restrict the content of alcohol promotion messages.
- Stage three: implement regulations restricting the advertising and promotion of alcohol in all media (other than that which communicates objective product information, i.e. the characteristics of the beverage, the manner of production and the price).

Figure 98. Law Commission's 2010 recommendations on the restriction of alcohol promotion.

was being debated in Parliament, amendments to prohibit alcohol advertising on television and to place health warnings on alcohol containers were both defeated. In 2006, a Private Member's Bill seeking to prohibit all promotion of alcohol was also defeated.¹⁶⁹

During the Law Commission's public consultation process the issue of alcohol promotion received the largest number of comments, with 2,281 out of 2,939 submissions commenting on the issue, and 86% of these submissions supported restricting or banning alcohol promotion.¹⁷⁰

In their 2010 report, the Law Commission noted that there has been a marked increase in alcohol marketing using an expanding repertoire of media and communications technology, and that much of this advertising was aimed at young people. The Commission quoted from the WHO-sponsored book *Alcohol: No Ordinary Commodity*:

"The evidence reviewed has suggested that exposure of young people to alcohol marketing speeds up the onset of drinking and increases the amount consumed by those already drinking. The extent and breadth of research available is considerable, utilises a range of methodologies, and is consistent in showing effects with young people. Marketing to young people undoubtedly contributes to the on-going recruitment of

young people to replace drinkers lost to the industry by attrition in mature markets and to expand the drinking population in emerging markets".¹⁷¹

The Commission recommended a five year, three stage plan to bring alcohol promotion under greater regulation, with the ultimate objective of bringing about a situation where "no alcohol advertising should be permitted in any media other than that which communicates objective product information, including the characteristics of the beverage, the manner of production and the price" (Figure 98).¹⁷²

The Law Commission's three stage plan draws from both the French *Loi Evin* liquor legislation and our own smoke-free initiatives. The *Loi Evin* was passed in France in 1991 and has been highly controversial with the alcohol industry since its inception, as it significantly restricts both the availability and the content of alcohol marketing. Under the *Loi Evin*:

- no advertising is allowed on television or in cinemas.
- no sponsorship of cultural or sporting events is permitted.
- advertising is permitted in the press, on billboards, on radio channels (under precise

conditions), and at special events or places such as wine fairs or wine museums.

- when advertising is permitted, its content is significantly controlled – messages and images may refer only to the qualities of products such as its origin, composition, means of production and patterns of consumption (and court decisions have ensured that images of drinkers or depictions of a drinking atmosphere are not included in advertising materials, *i.e.* no brand images).
- a public health message must be included within each advertisement, *e.g.* alcohol abuse is dangerous for health.¹⁷³

The Loi Evin allows for the imposition of large penalties and this ensures that the alcohol industry adheres to the regulations. Over the past twenty years the Loi Evin has withstood numerous challenges in European courts from alcohol interests, with the courts ruling that although the law restricts the rights of the alcohol industry in its provision of goods, this constraint is justified by the Law's overriding aim of protecting the *public good* through upholding the rights of society to reduce alcohol-related harm.

In New Zealand, the progressive restrictions placed on tobacco promotion over the past forty years provide a template for what could be achieved with alcohol. In 1963 tobacco advertising ceased on television and radio, and ten years later it was removed from cinemas and outdoor billboards. In 1988 health warnings on products and marketing images became compulsory. In 1990 print and shop sign (point of sale) advertising ceased and all tobacco sponsorship was given a three-year period to be phased out. Smoke-Free sponsorship was made available to support the transition of tobacco-sponsored events, awards and sports to alternative sponsorship arrangements.

The promotion of alcohol also undermines an increasingly important initiative being used to modify our national drinking culture: social marketing. This situation is like having a boat with two rowers working against each other paddling in opposite directions: the stronger of the two rowers will inevitably pull the boat in their direction (in spite of the other rower's best efforts and intentions). Presently the value of ALAC's (HPA's) total promotion budget is approximately three million dollars per year; in contrast, the alcohol industry spends somewhere between one to three million dollars a week on alcohol promotion – up to fifty-two times more.¹⁷⁴

16. PLEASURE, PROFIT AND PAIN – THE CHALLENGES



When formulating the 2012 alcohol legislation, the Government, like all governments before, was required to choose a position in balancing:

- the rights of individual drinkers to enjoy the *pleasures* of alcohol.
- the rights of the alcohol industry to *profit* from the sale of alcohol.
- the rights of society to protect itself from the *pains* (harms) of alcohol.

Members of parliament who hold a political/philosophical position that privileges commercial and individual rights, are unlikely to support legislative initiatives that target the whole drinking population – and many would contend that this is what happened in 2012.

The alcohol industry has always been an influential force within New Zealand society. Historically it was alcohol producers, along with the alcohol-hospitality industry who were most dominant. However, following the 1989 Sale of Liquor Act and its subsequent Amendments, two other groups have joined them in influence: the supermarket and grocery industry, and the advertising and media industry. As a conglomerate of local, national and multinational corporations dedicated to achieving profit from the \$4-5 billion dollar New Zealand alcohol market, the alcohol industry will continue to remain a formidable and well-resourced feature of our national alcohol debate.

Many of the arguments put forward by the 21st century alcohol industry to uphold the rights of the industry and of individual drinkers are a continuation of opinions put forward 100 years ago by the National Council, and the strategies offered to modify the national drinking culture remain remarkably similar. Following this trend,

it is predictable that the alcohol industry will continue to contextualise alcohol as an ordinary commodity (avoiding any reference to alcohol as a drug) and contend that the industry deserves the same commercial rights as other commodity providers. The alcohol industry will continue to assert that alcohol advertising and sponsorship enables brands to compete for a share of the alcohol market, and that alcohol promotion does not increase consumption levels, promote the desirability of alcohol or undermine public health campaigns.

When the issue of alcohol misuse is discussed it is likely that the alcohol industry will highlight the majority of New Zealanders who are moderate drinkers and fail to mention that one in five are hazardous drinkers. It is also likely that the industry will periodically propose that the alcohol issue is a youth problem, rather than an all-age problem, or alternatively, it is not a problem at all.

When discussing strategies to modify the national drinking culture, the alcohol industry is likely to continue to advocate for individual-based alcohol education strategies, in spite of there being little evidence supporting their effectiveness; or contend that the solution lies with problem drinkers being encouraged to take a greater responsibility for their behaviour. The industry will oppose population-based strategies arguing that it is unfair for the majority of the population to be penalised for the faults of a few.

The alcohol industry is also likely to periodically label those who oppose them, as joyless wowsers, intent on removing the individual's right to drink. Members of the public, who view alcohol as an ordinary commodity and who privilege individual rights, are likely to support the views of the alcohol industry.

THE PUBLIC GOOD

The arguments advocating for the rights of society to protect itself and its members from alcohol-related harm, and the strategies offered to modify the national drinking culture, have, in part, undergone a significant transformation over the past 100 years.

In the early 1900s the Alliance movement advocated for prohibition, whereas today the public health call is for a well-managed alcohol supply that reduces levels of harm. The Alliance had to rely upon anecdotal information when describing the New Zealand drinking culture; today increasingly sophisticated research is revealing important trends in our drinking behaviour. The Alliance also had to rely upon their *best guess* when deciding upon which alcohol intervention strategies to advocate for, whereas today public health research is able to indicate which intervention strategies are most likely to have the greatest effect.

When the issue of alcohol misuse is discussed, the public health lobby will contend that drinking behaviour is a result of individual, local and national drinking influences; and particularly advocate for population-based strategies, as the research evidence indicates that these initiatives are significantly more likely to reduce alcohol consumption, reduce alcohol-related harm and support a positive change to the national drinking culture.^{liv}

The public health lobby will continue to stress that alcohol is a drug and that it is detrimental to society to allow a drug to be sold at the lowest price the market can sustain.^{lv} The public health lobby will also persist in publicising the extensive social, health and economic costs associated with alcohol

use. Members of the public who uphold the rights of society to protect itself from alcohol-related harm are likely to support the views of the public health lobby and other concerned citizens.

As a non-ordinary commodity, alcohol always has been, and always will be, closely bound to parliamentary policy. Research shows us that cultural change does not arise spontaneously and fully developed. Inevitably, it is not until some degree of legislative compulsion is initiated, that we see any significant shift in cultural practices. Legislative change requires a political will, and a political will is dependent upon politicians believing strongly in a course of action and/or believing they have the support of the public and their parliamentary colleagues. A legacy awaits the politician(s) who has the conviction, confidence and parliamentary numbers to implement legislation supporting population-based alcohol initiatives. History repeatedly attests to the fact that human attitudes behaviours change very slowly, even in the face of concerted educational campaigns and social marketing. For example, it was not until legislation was enacted that we fastened our seatbelts and donned our cycle helmets in large numbers. Equally, legislative changes helped to embed changes in our attitudes to driving drunk and smoking tobacco. Alcohol consumption is more wide-spread than any of these behaviours and its effects similarly so. Harm reduction requires the same comprehensive, far-reaching package of strategies.

The Law Commission's and Select Committee's public consultation processes, along with debate during the development of Local Alcohol Policies, have engaged thousands of New Zealanders with the alcohol issue. Following this trend, it is very likely that new campaigns to reduce alcohol-related harm will be initiated. For those readers interested in helping New Zealand and its politicians to move forward on the alcohol issue, we suggest visiting the websites of Alcohol Action, Alcohol Healthwatch and the New Zealand Drug

^{liv} The public healthy lobby will also continue to support drinking environment and individual drinker strategies as integrated components of a national strategy.

^{lv} It is unlikely that cannabis (New Zealand's second most popular drug) would be provided the same market freedoms if it was legalised.

Foundation, and familiarise yourself with the rich alcohol-related resources these organisations have available and the initiatives they are undertaking.^{lvi}

Inherent within public health advocacy is the conviction that while it is entirely acceptable for individuals to enjoy the pleasures of moderate alcohol consumption, it is not acceptable for it to inflict considerable pain on wider society, and it certainly should not be tolerated simply because commercial interests wish to continue to profit from the sale of a liquid drug that is *not* at all ordinary.^{lvii}

lvi www.alcoholaction.co.nz; www.ahw.org.nz;
www.drugfoundation.org.nz.

lvii If in the course of reading this book you have had concerns about your drinking or someone else's drinking, we recommend you contact the confidential Alcohol and Drug Helpline on 0800 787 797 or visit their website: www.adanz.org.nz/Helpline/home

APPENDIX ONE – BINGE DRINKING



Internationally there has been considerable debate concerning the use of the term binge drinking. Historically, the term was used by health professionals as a clinical label to describe a sustained period of excessive drinking, typically lasting a number of days. This behaviour was often associated with alcoholism and diagnosed as a *loss of control* once drinking commenced.

The redefining of binge drinking began in the 1990s when Harvard University researchers undertook a national study of U.S. tertiary students' drinking behaviour and used the term to describe the consumption of a large amount of alcohol: the equivalent of seven standard drinks for a male (≥ 70 g. ethanol) and five standard drinks for a female (≥ 50 g. ethanol). The Harvard alcohol survey gained extensive media coverage and over time the term binge drinking became synonymous with *short-term* excessive drinking behaviour.¹⁷⁵

The latest New Zealand research utilising the binge drinking criterion of 7/5 standard drinks, revealed that one in five male drinkers (300,000) and one in ten female drinkers (130,000) binge drink on a *weekly* basis.

Not surprisingly, age also plays an important role in the frequency of binge drinking behaviour. Figure 99 details rates of weekly binge drinking across age and gender groupings, and reveals that this behaviour is most common amongst men aged 18-24 years (34%), followed by women aged 18-24 years (19%)

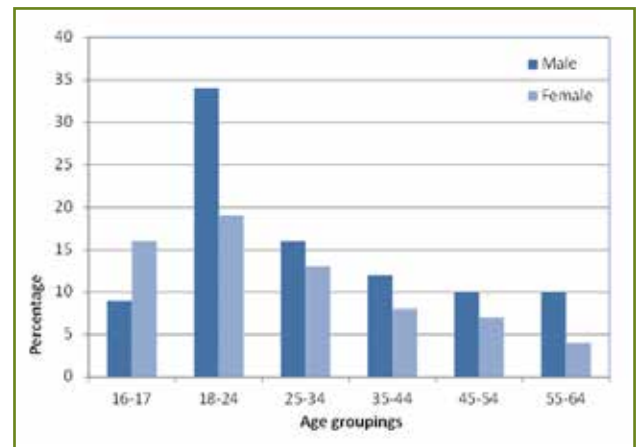


Figure 99. Weekly binge drinking behaviour, among drinkers aged 16–64 years, by age group and gender (MOH, 2009).

Some criticisms have been levelled at the generic drink-counting criterion used to define binge drinking, as this measure does not take into account a range of individual factors including the drinker's size/weight, tolerance to alcohol, prior food intake and speed of consumption. International research however, continues to reveal a very strong link between the binge drinking criterion and a wide range of alcohol-related harms.

APPENDIX TWO – CHANGES IN DRINKING BEHAVIOUR



INTOXICATION

Under the guidance and funding of ALAC (in consultation with a number of other organisations) a steady refinement of national alcohol surveys commenced in the 1990s. This development was in response to both changes in our national drinking habits and innovations in international alcohol survey trends. Due to these on-going modifications, some care is required in making comparisons between surveys across time (for example, there are some differences in the structure of survey questions and the breakdown of survey age-groupings etc).

Three surveys with good levels of comparability were undertaken by Professor Sally Casswell and colleagues at the Alcohol and Public Health Research Unit in 1990,¹⁷⁶ 1998¹⁷⁷ and 2001.¹⁷⁸ These surveys evaluated national rates of *monthly* intoxication amongst 15-45 year old New Zealanders. The findings from the three studies revealed that:

- amongst female drinkers, monthly drunkenness increased from 19% (1990), to 27% (1998), to 31% (2001)
- amongst male drinkers monthly drunkenness increased from 43% (1990), to 47% (1998 and 2001).

Similarly, four reasonably comparable surveys assessing *weekly* intoxication were undertaken in 1995,¹⁷⁹ 2000,¹⁸⁰ 2004,¹⁸¹ and 2007/08.¹⁸² The two earlier surveys were undertaken by the Alcohol and Public Health Research Unit and assessed intoxication amongst 14-65 year olds, while the later surveys were initiated by the Ministry of Health and assessed intoxication amongst 12-64

year olds and 16-64 year olds respectively. These studies show that:

- amongst female drinkers, weekly drunkenness increased from 4% (1995), to 6% (2000 and 2004), to 8% (2007/08)
- amongst male drinkers, weekly drunkenness increased slightly from 13% (1995 and 2000), to 14% (2004), to 16% (2007/08).

Further comparative research undertaken by Professor Sally Casswell and colleagues at Massey University, reviewed the results of 11 alcohol studies undertaken in the Auckland region between 1990 and 2000, and found that female drinking behaviour had increased significantly and male drinking behaviour had remained reasonably stable.¹⁸³

More recent research undertaken by ALAC/HPA, as a component of the Alcohol Monitor survey, revealed that the percentage of drinkers reporting that they were intoxicated on their last drinking occasion fluctuated from 12% in 2007/08, 18% in 2008/09 and 13% in 2009/10.^{lviii}

lviii This data does not provide a breakdown of intoxication across gender groupings.

APPENDIX THREE – BRANDING NORTHERN GOLD CANNABIS



An effective means of highlighting the contemporary power of alcohol imagery is again to use the hypothetical example of a popular but illegal substance - cannabis.

Putting aside the pros and cons of cannabis use, suppose a future generation agreed to legalise the sale of cannabis products, the government of the day would need to decide if cannabis brands could be legally advertised. If cannabis brand advertising was permitted, e.g. to allow cannabis producers the opportunity to compete for a share of the cannabis market; then each cannabis producer would be required to develop a brand identity that enabled their cannabis product to be differentiated from the competition.

For example, the hypothetical cannabis brand *Northern Gold* could be promoted as a relaxing and socially-orientated product to be shared with friends. Television commercials could present a group of good looking young people sitting around a campfire on a beach, sharing a Northern Gold cannabis smoke, as the sun went down in a golden haze – an image of peace, happiness and friendship. The Northern Gold brand could be physically represented by the image of a cannabis leaf positioned within a large golden sun, and this stylish image would be made clearly visible on all Northern Gold products, including cigarette papers to roll the product in.

The Northern Gold brand could also sponsor music and food festivals and give away Northern Gold branded t-shirts, caps and bags as promotion. If the Northern Gold cannabis brand was particularly lucky it might be fortunate enough to have a number of celebrity personalities photographed using the product; or perhaps the Northern Gold brand might sponsor a popular local band or a youth-oriented television show.

Over time it is very likely that the on-going promotion of the Northern Gold brand, through advertising, sponsorship and popular media imagery, will create a brand identity that some of the public will find desirable to associate themselves with. Photos on Facebook and other websites would appear with members of the public smoking Northern Gold branded cannabis and wearing Northern Gold branded clothing. These photos will associate the Northern Gold user with a brand image of friendship, good times and peacefulness.

It is very likely that this positive cannabis brand advertising would promote the desirability of cannabis usage, undermine health initiatives designed to inform the public about cannabis-related harms, and (possibly) produce a significant profit for cannabis producer companies and their shareholders.

APPENDIX FOUR – ALAC RESEARCH



When ALAC was established under its governing Act of 1976, research was identified as a core activity and this orientation was reaffirmed in all subsequent ALAC reviews.

ALAC's Strategic Plans of 1996-1998, 1999-2003 and 2002-2007, and the Our Strategic Direction 2008-2013 all identified the integral nature of research to give effect to ALAC's statutory role in providing advice and make recommendations to government, authorities in the field of health, education, social welfare, and any other public or private bodies or persons on alcohol issues.

All ALAC commissioned research was managed through universities, private research companies or individuals. ALAC staff maintained on-going involvement with researchers, clinicians, and the alcohol and drug field; often through involvement in (and funding of) relevant conferences, seminars and workshops.

In 2002, following a staged withdrawal of core funding from the two principle research centres (the Alcohol and Public Health Research Unit headed by Professor Sally Casswell and the National Treatment Development Centre National Addiction Centre headed by Professor Doug Sellman), funding for researcher initiated projects, research scholarships and an ALAC Fellowship also ceased. A new strategy for commissioning research was developed: ALAC's Research and Evaluation Strategy 2002-2007. As the 2002-2007 Research Strategy approached its expiry date, ALAC commissioned and developed an updated strategy: Research and Evaluation Strategy 2007-2012.

The 2007-2012 strategy had six underpinning principles.

1. A research and evaluation strategy should inform ALAC of the best available research and/or best practice which can be used to make the greatest gains in meeting ALAC's primary objective.
2. A research and evaluation strategy should assess the performance of ALAC and others in meeting ALAC's primary objective
3. ALAC will promote and support the implementation and dissemination of research and evaluation projects and programmes, particularly where these coincide with the ALAC's priorities
4. ALAC will encourage and support alcohol-related research that focuses on the defined priority populations
5. All research and evaluation projects and programmes funded through ALAC's discretionary research budget will be contestable, based on merit and appropriateness to the ALAC's priorities
6. Research that is outcome focused will receive priority

Over 35 years ALAC was responsible for initiating and supporting a large proportion of New Zealand's alcohol-related research. A list of ALAC's research publications can be found on their website.^{lix}

lix See: <http://www.alac.org.nz/research-resources/research-publications>

APPENDIX FIVE – ALAC TREATMENT



At the time of the 1974 Royal Commission of Inquiry into Alcohol, there were approximately 20 alcohol treatment services, of varying capacity, spread unevenly through the country and the Commission strongly recommended that the proposed Alcoholic Liquor Advisory Council undertake initiatives to improve this situation. Consequently, during the first ten years of its operation, ALAC spent a large proportion of its time and budget liaising with regional health authorities, iwi, service organisations and local community groups in support of establishing a nationwide network of inpatient and outpatient alcohol treatment facilities.

By the mid-1980s, the number of treatment services had expanded to 80 and regional hospital boards had become increasingly active in the funding of their own local services. This development in turn allowed ALAC to increasingly allocate the majority of its treatment funding in support of a small number of national service organisations – most notably the NSAD, Salvation Army and Presbyterian Support treatment programmes – along with a mixture of regionally-based services.¹⁸⁴

To enable the professional development of staff working within the expanding treatment services area, ALAC supported the development of a certificate of addiction studies course based at the (then) Central Institute of Technology in Wellington; and then in 1996, the establishment of the National Addiction Centre (as a department of the University of Otago's School of Medicine) under the Directorship of Professor Doug Sellman. The National Centre would go on to become our nation's premier organisation in the research and training of addiction studies.

By 1989, ALAC had funded five Maori

treatment services in the four main centres and Invercargill, and also a number of regional resource and training units. During this period ALAC's National Maori Coordinator had a significant role in supporting the development of these services and worked closely with the Maori Managers in a mentoring and development role. A Maori-based residential treatment initiative was also established as a part of the Queen Mary Hospital programme. A comprehensive history of Maori treatment initiatives is well documented in the book *He Tete Kura: Maori addiction treatment 1980-2008*.¹⁸⁵

The adequate and sustainable funding of our alcohol and drug treatment services has always been a contentious and at times difficult issue. This matter came to a head in the early 1990s when a government initiated review recommended that "ALAC has no continuing role in the maintenance funding of treatment services Rather we consider that it is the responsibility of Area Health Boards".¹⁸⁶ The Minister at the time agreed with the recommendation and subsequently removed ALAC's role as a treatment funder. This change occurred at a time when the Government was ushering in a new era of *contestable* health contracts, and separating its roles as a funder and as a provider of health services.^{ix} As a consequence of restructuring of both ALAC and the health funding process, the 1990s would prove to be a very difficult period for many alcohol treatment

^{ix} To achieve this goal of contestable funding, in 1993 the old Department of Health was restructured into the Ministry of Health and funding was devolved to four Regional Health Authorities (RHAs) who were responsible for contracting the health services within their areas. In 1997, the RHAs were replaced by a single Transitional Health Authority, which was shortly replaced by a Health Funding Authority (HFA). In 2001, the HFA was merged with the Ministry of Health and 21 District Health Boards were established. The new Health Boards again combined both a funder and provider roles.

providers – and would see the demise of some. Susan Butterworth in her book *A Duty of Care* noted that from 1991 the distribution of the NSAD treatment services was:

“driven by its ability to secure contracts for services in the new funding environment, rather than its perception of its clients’ needs. In the process it ceased to have any fixed presence in the South Island and its North Island treatment centres became very unevenly spread”.¹⁸⁷

This experience was common across many alcohol and drug treatment providers. A high profile casualty of this process was Queen Mary Hospital, in Hanmer Springs. When government funding was systematically withdrawn for the Hospital it was consequently privatised into a trust to enable it to compete for health contracts. Over time the Hospital suffered from an ever increasing debt (due to ever decreasing funding contracts) which resulted in it being closed.

Throughout the 2000s ALAC continued to support the development of new alcohol treatment initiative and training for treatment staff.

ALAC was also instrumental in developing a number of alcohol treatment policies and guidelines including:

- *Guidelines for Alcohol and Drug Assessment, e.g.* assessment guidelines for alcohol and drug workers.
- *Improving Addiction Treatment for Retention for Young People, e.g.* guidelines for treatment service providers.
- *National Directory of Treatment Services, e.g.* directory for allied health services staff.

APPENDIX SIX – ALAC ALCOHOL POLICIES



Figure 100 features a range of alcohol policies developed by ALAC and its partners. A full list of policies can be viewed on the ALAC webpage.^{lxi}

ALAC ALCOHOL POLICY/GUIDELINE EXAMPLES

Sale and Supply of Alcohol

- Guidelines on Youth Access to Alcohol
- Intoxication Monitoring and Enforcement Guidelines
- Protocol for Alcohol Promotions
- Guidelines for Alcohol Use at Large Scale Events
- Guidelines for Controlled Purchase Operations
- National Guidelines for Host Responsibilities

Community Alcohol Policies

- Guidelines for Preparing a Local Alcohol Strategy
- Guidelines for the Development of Alcohol Accords
- Planning for Alcohol in the Community

Alcohol Producer Policies

- Voluntary Code for the Naming, Packaging and Merchandising of Alcohol Beverages
- Voluntary Code for Liquor Advertising in Print Media

Alcohol Treatment Policies

- Guidelines for Alcohol and Drug Assessment
- Improving Addiction Treatment for Retention for Young People
- National Directory of Treatment Services
- Guidelines for Alcohol and Drug Services Working with Women.

Individual Drinker Policies

- Upper Limits for Responsible Drinking Guidelines

Figure 100 Examples of ALAC alcohol-related policies and guidelines

^{lxi} See: <http://www.alcohol.org.nz/legislation-policy/alcohol-strategies-policies>

APPENDIX SEVEN – NATIONAL ALCOHOL STRATEGY



In 2000, staff from ALAC and the Ministry of Health came together to review our national approach to alcohol and formulate a National Alcohol Strategy which placed alcohol initiatives under three areas of intervention: *supply control*, *problem minimisation* and *demand reduction* (Figure 101).

Supply control initiatives regulate the sale and supply of alcohol. Problem limitation strategies aim to minimise alcohol-related harm through management of the drinking environment, while

demand reduction strategies endeavour to modify drinking attitudes and behaviour. The National Alcohol Strategy is premised upon the dynamic that drinking behaviour does not occur within a vacuum and therefore a comprehensive range of interventions, at multiple levels, is required if we are to reduce our national rates of alcohol-related harm.¹⁸⁸

The National Alcohol Strategy has not been updated since 2003.

NATIONAL ALCOHOL STRATEGY		
Supply control	Problem limitation	Demand reduction
<ul style="list-style-type: none"> • Legislation governing the sale & supply of alcohol • Local authority alcohol policies • Monitoring & enforcement by police, liquor licencing inspectors & health • Research 	<ul style="list-style-type: none"> • Host responsibility programmes • Alcohol management policies • Drink-driving legislation & enforcement • Peer & community support initiatives • Police & social service intervention • Local liquor bans • Treatment facilities • Research 	<ul style="list-style-type: none"> • Education • Health promotion • Social marketing • Restrictions on alcohol promotion • Health warnings on alcohol containers • Alcohol pricing • Research

Figure 101 National Alcohol Strategy (2000-2003)



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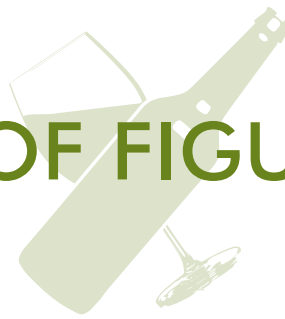


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Principle 2: Liquor advertisements shall observe a high standard of social responsibility.
Principle 3: Liquor advertisements shall not depict or imply the consumption of liquor in potentially hazardous situations or include any unsafe practices. Liquor advertisements shall not offer motor vehicles or boats as prizes in any competition.
Principle 4: Liquor advertisements shall be directed to adult audiences. Liquor advertisements shall not be directed at minors nor have strong or evident appeal to minors in particular
Principle 5: Sponsorship advertisements and sponsorship credits shall clearly and primarily promote the sponsored activity, team or individual. The sponsor, the sponsorship and items incidental to them, may be featured only in a subordinate manner.
Principle 6: Liquor advertisements shall not by any means, directly or by innuendo, contain any misleading description, claim or comparison about the product advertised, or about any other product, or suggest some special quality which cannot be sustained.
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