

Minimum purchase age as a strategy to reduce alcohol-related injury

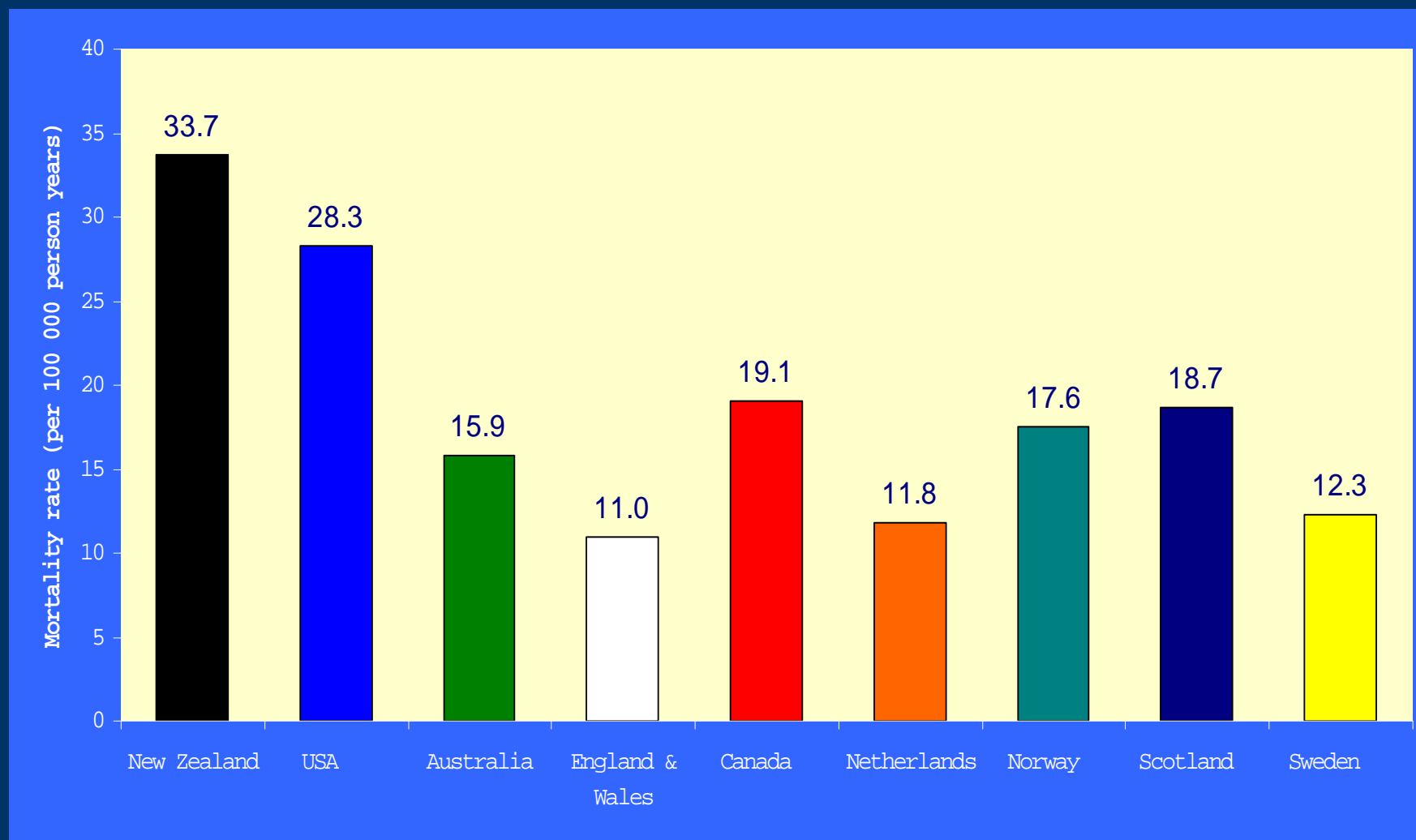
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Outline

- Alcohol as a risk factor for youth injury
- Two studies examining the effects of lowering the minimum purchase age on the incidence of traffic crash injury and other health outcomes
- The politics of the debate in New Zealand on putting the purchase age back to 20
- Policy options for Australia
- The current (Nov 2010) debate in New Zealand

Injury mortality 0-19 year-olds



Source: Kypri, K., Chalmers, D. and Langley, J. (1999) Child and adolescent injury mortality in New Zealand and eight other OECD countries. Paper presented at the Third National Conference on Injury Prevention and Control, Brisbane, 1999.

Leading causes of 15-19 year-old fatalities (1986-95)

	Number per 100 000 person years
1. Road traffic crashes	42.6
Occupants	28.9
Motorcyclists	9.4
Pedestrians	3.1
Cyclists	1.1
2. Suicide	16.4
3. Drowning	3.6

Source: Kypri K, Chalmers DJ, & Langley JD (2002). Adolescent injury mortality in New Zealand and opportunities for prevention. *International Journal of Adolescent Medicine and Health*, 14:27-41.

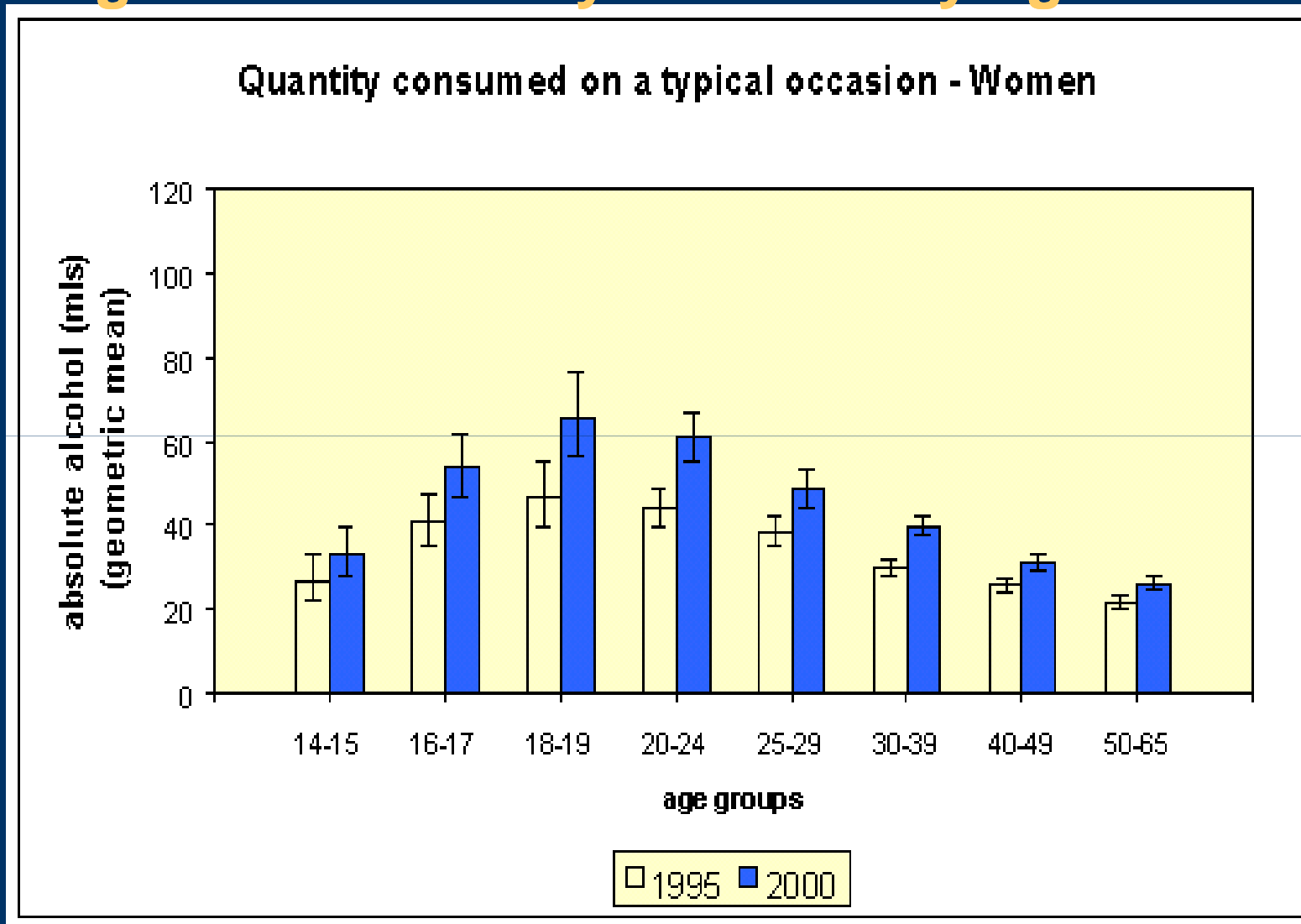
Global alcohol-attributable fractions for injury

	15-29 yrs		30-44 yrs		45-59yrs	
	Female	Male	Female	Male	Female	Male
MVTCs	.09	.32	.14	.36	.12	.09
Poisoning	.16	.26	.11	.15	.12	.16
Falls	.10	.20	.10	.21	.11	.21
Drowning	.18	.24	.23	.29	.24	.29
Other unintentional	.16	.26	.17	.27	.15	.23
Self-inflicted	.07	.14	.07	.15	.06	.11
Homicide	.19	.25	.20	.25	.21	.26
Other intentional	.14	.19	.15	.19	.16	.20

Source: Rehm J, Room R, Graham K, et al: The relationship of average volume of alcohol consumption and patterns of drinking to burden of disease: an overview. *Addiction* 98:1209-28, 2003

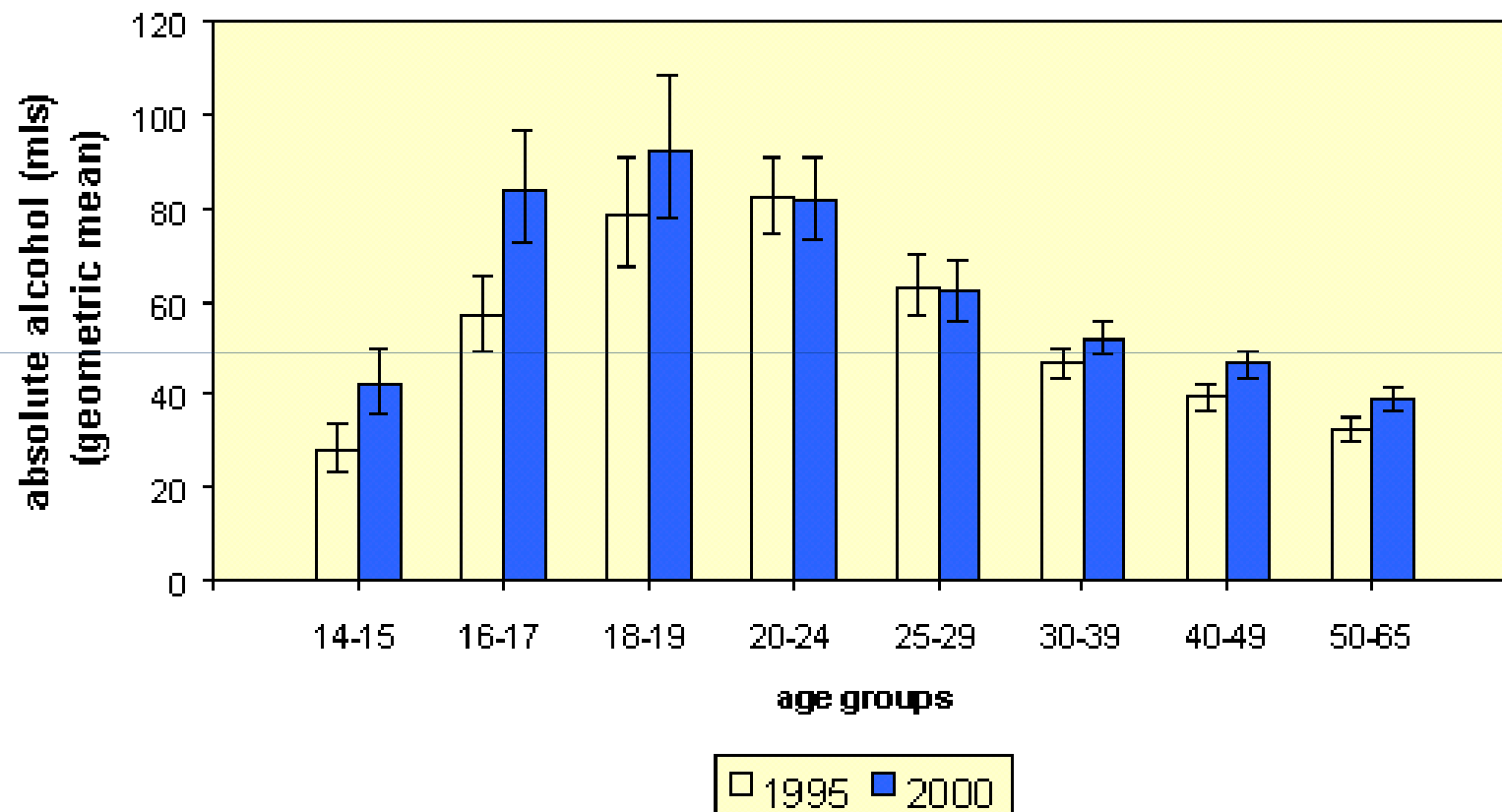
“It is unlikely that there is any other risk factor that accounts for so many preventable injuries” (Pless, 2000, p.76)

Risk of acute harm from drinking is highest at ages 18-19 closely followed by ages 16-17



Source: Habgood R *et al.* *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*. Alcohol and Public Health Research Unit, Auckland, 2001.

Quantity consumed on a typical occasion - Men



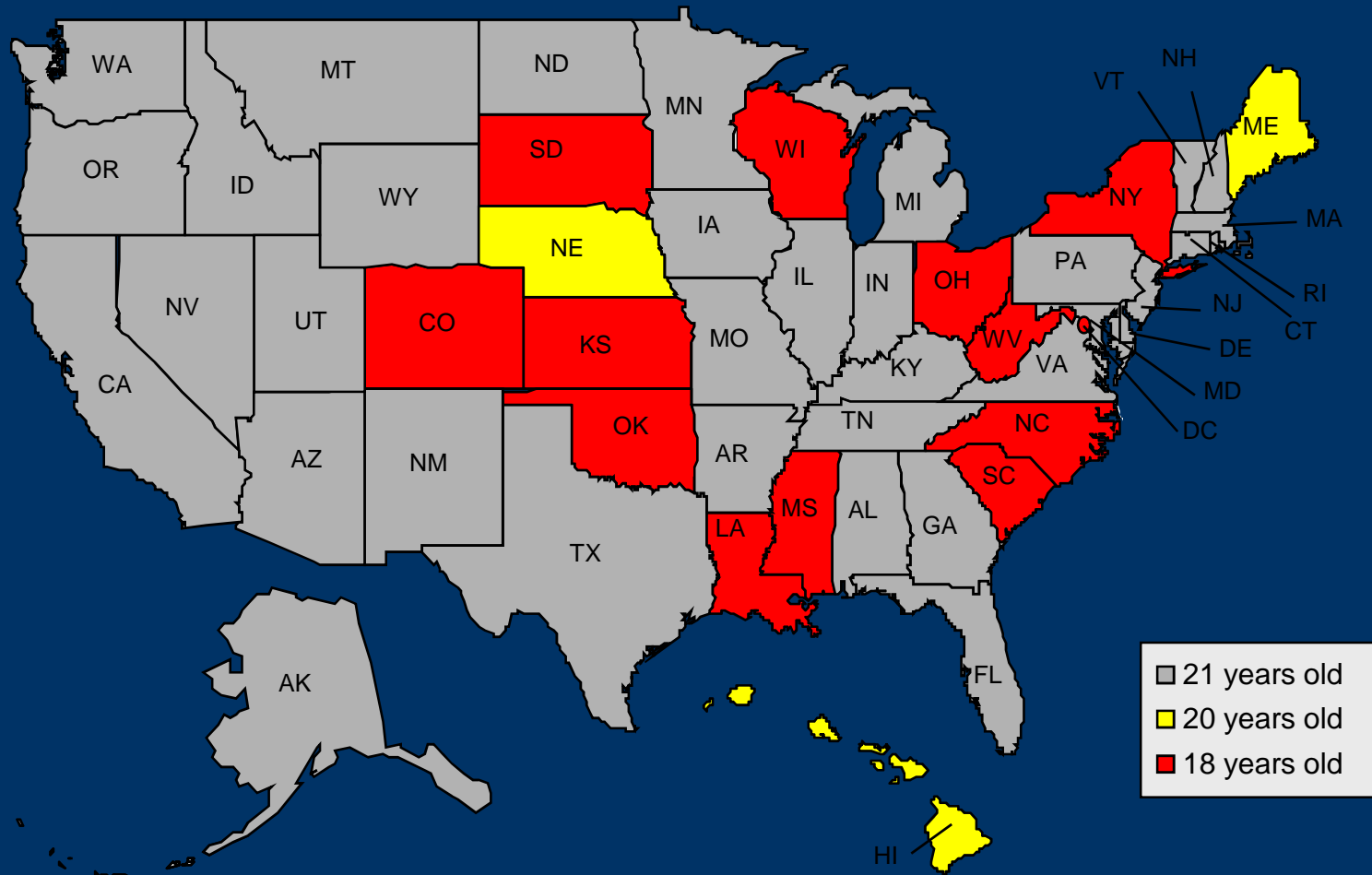
Source: Habgood R *et al.* *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*. Alcohol and Public Health Research Unit, Auckland, 2001.

EVIDENCE ON THE MINIMUM LEGAL DRINKING AGE / MINIMUM PURCHASE AGE

- During and after the Vietnam war, 29 states of the USA, 3 Canadian provinces and 3 Australian states reduced their MLDA/MPAs
- By 1988 all 50 states of the USA increased their MLDA to 21 (variation in laws by state)
- Over 100 studies have been published on the effects of lowering and increasing the MLDA / MPA
- Evidence shows an inverse relationship between the change in MLDA / MPA and levels of harm among 18-20 year-olds

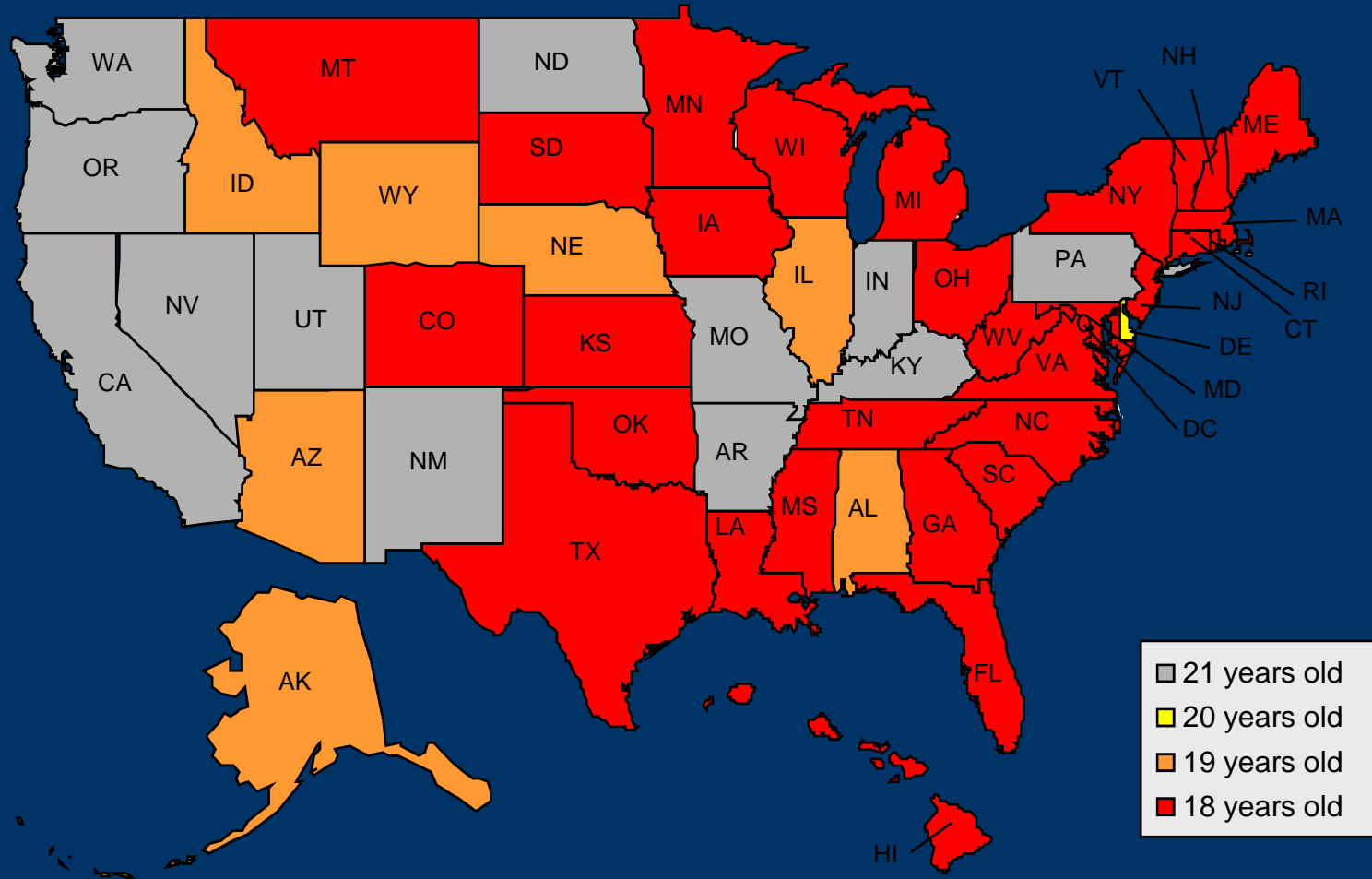
US Minimum Legal Drinking Ages as of December 31, 1969

35 states had 21 as drinking age



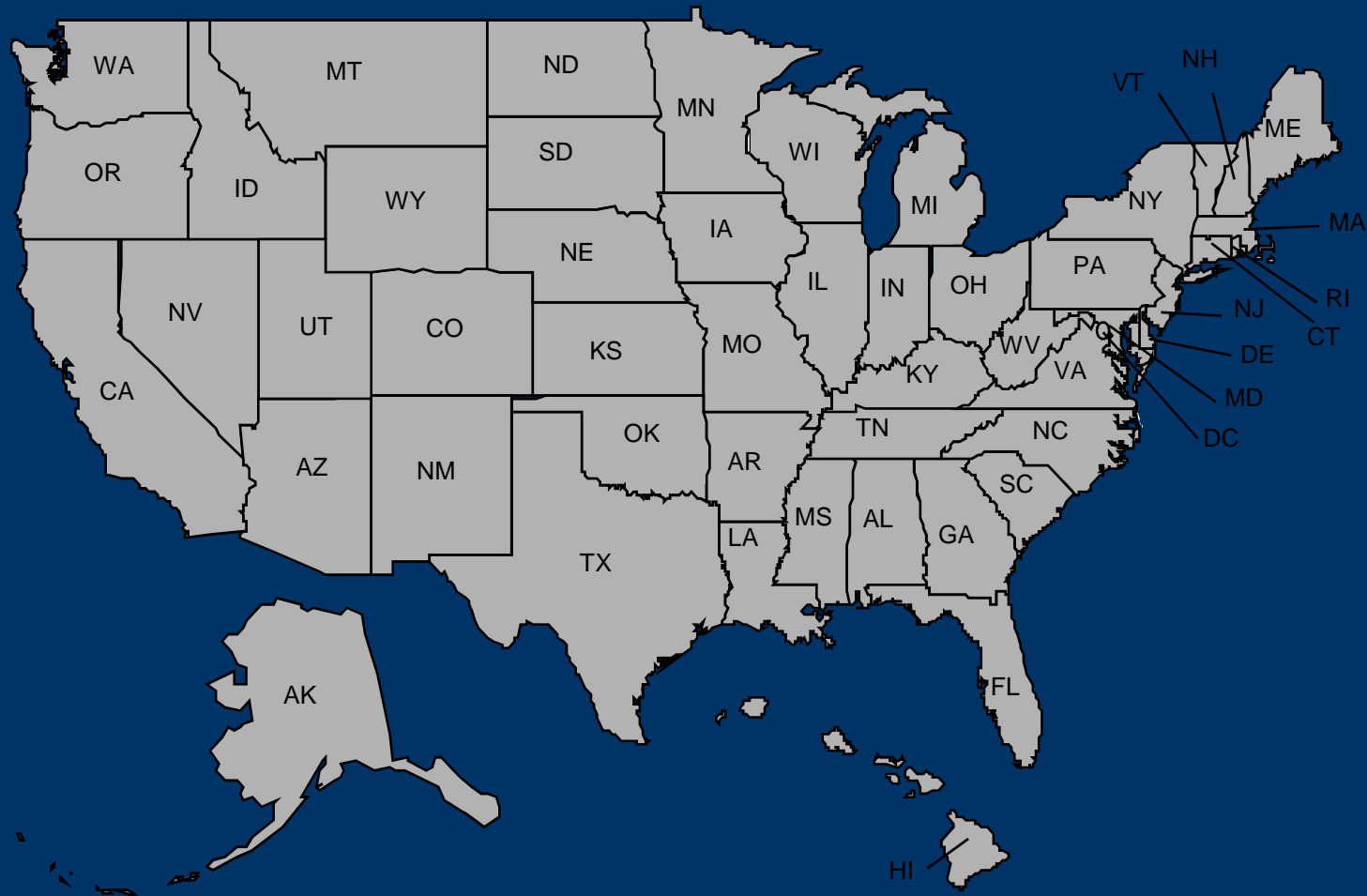
US Minimum Legal Drinking Ages as of December 31, 1975

12 states had 21 as the drinking age



US Minimum Legal Drinking Ages as of July 1, 1988

All states had 21 as the drinking age



US drinking age laws

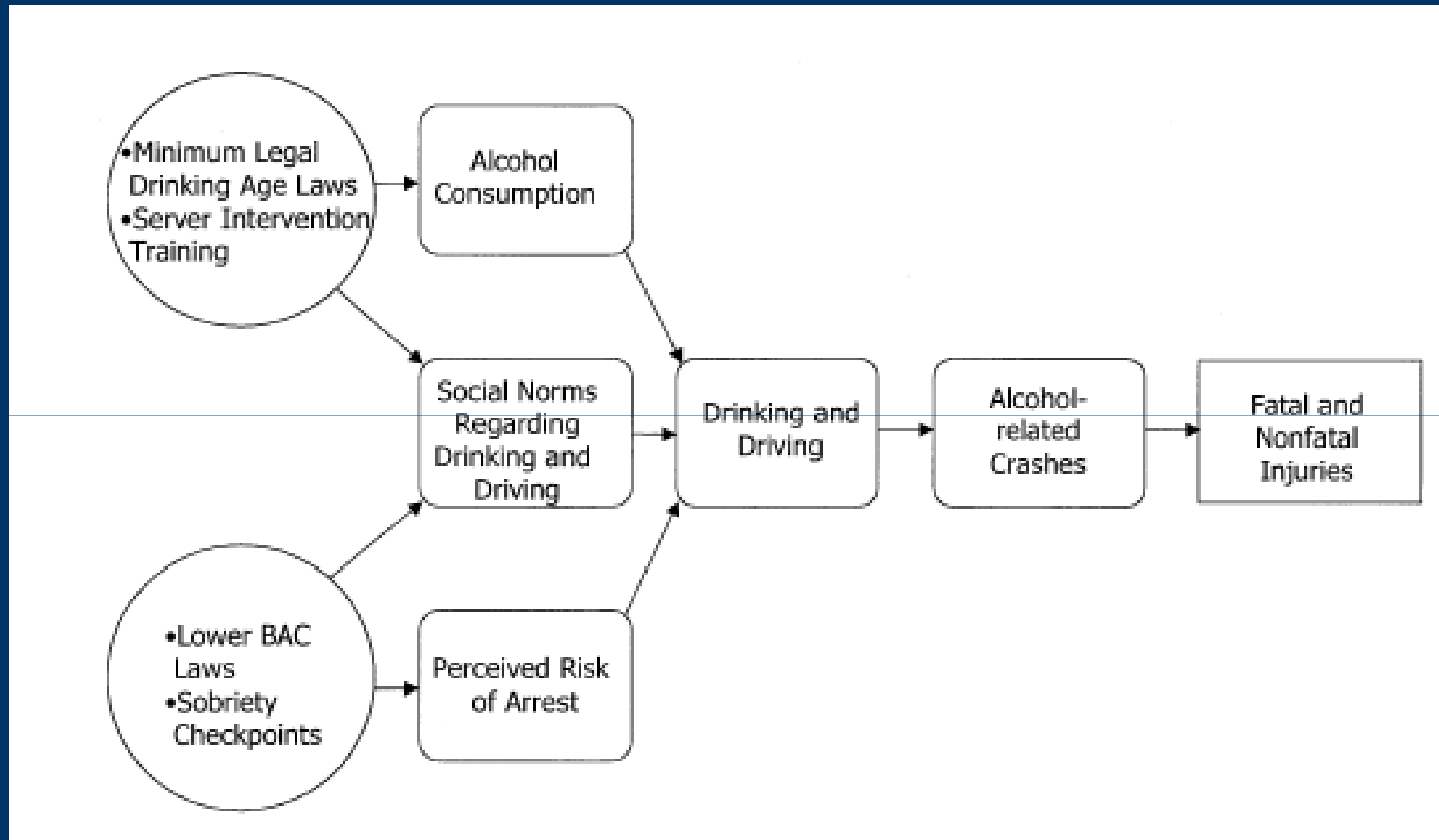
- May 2003

State	Sale	Attempt to Purchase	Purchase	Possess	Consume	Misrepresent Age ²	Fake ID
Alabama	21	21	21	21	21	YES	YES
Alaska	21	NO LAW ¹	21	21	21	YES	YES
Arizona	21	21	21	21	21	NO LAW	YES
Arkansas	21	NO LAW	21	21	NO LAW	NO LAW	YES
California	21	21	21	21	21	NO LAW	YES
Colorado	21	21	21	21	21	YES	YES
Connecticut	21	21	21	21	NO LAW	YES	YES
Delaware	21	NO LAW	NO LAW	21	21	YES	NO LAW
DC	21	21	21	21	21	YES	YES
Florida	21	21	21	21	NO LAW	YES	YES
Georgia	21	21	21	21	NO LAW	YES	YES
Hawaii	21	NO LAW	21	21	NO LAW	NO LAW	YES
Idaho	21	21	21	21	21	YES	YES
Illinois	21	NO LAW	21	21	21	YES	YES
Indiana	21	21	21	21	21	YES	YES
Iowa	21	21	21	21	NO LAW	YES	YES
Kansas	21	21	21	21	21	NO LAW	YES
Kentucky	21	21	21	21	NO LAW	YES	YES
Louisiana	21	NO LAW	21	21	21	NO LAW	YES
Maine	21	NO LAW	21	21	21	YES	YES
Maryland	21	NO LAW	NO LAW	21	NO LAW	YES	YES
Massachusetts	21	21	21	21	21	YES	YES
Michigan	21	21	21	21	21	NO LAW	YES
Minnesota	21	21	21	21	21	YES	YES
Mississippi	21	NO LAW	21	21	NO LAW	YES	YES
Missouri	21	21	21	21	NO LAW	YES	YES
Montana	21	21	21	21	21	YES	YES
Nebraska	21	21	21	21	21	YES	YES
Nevada	21	NO LAW	21	21	21	YES	YES
New Hampshire	21	21	NO LAW	21	21	YES	YES
New Jersey	21	21	21	21	21	YES	YES
New Mexico	21	21	21	21	NO LAW	NO LAW	YES
New York	21	NO LAW	NO LAW	21	21*	YES	YES
North Carolina	21	21	21	21	21	NO LAW	YES
North Dakota	21	21	21	21	21	YES	YES
Ohio	21	21	21	21	21	YES	YES
Oklahoma	21	21	21	21	21	YES	YES
Oregon	21	21	21	21	21	YES	YES
Pennsylvania	21	21	21	21	21	YES	YES
Rhode Island	21	21	21	21	21	YES	YES
South Carolina	21	NO LAW	21	21	NO LAW	YES	YES
South Dakota	21	21	21	21	21	YES	YES
Tennessee	21	21	21	21	21	YES	YES
Texas	21	21	21	21	21	YES	YES
Utah	21	21	21	21	21	YES	YES
Vermont	21	NO LAW	NO LAW	21	21	YES	YES
Virginia	21	21	21	21	NO LAW	NO LAW	YES
Washington	21	21	21	21	21	YES	YES
West Virginia	21	21	21	21	21	YES	YES
Wisconsin	21	21	21	21	21	YES	YES
Wyoming	21	21	21	21	NO LAW	NO LAW	YES
22 + DC	50 + DC	37 + DC	45 + DC	50 + DC	35 + DC	39 + DC	49 + DC

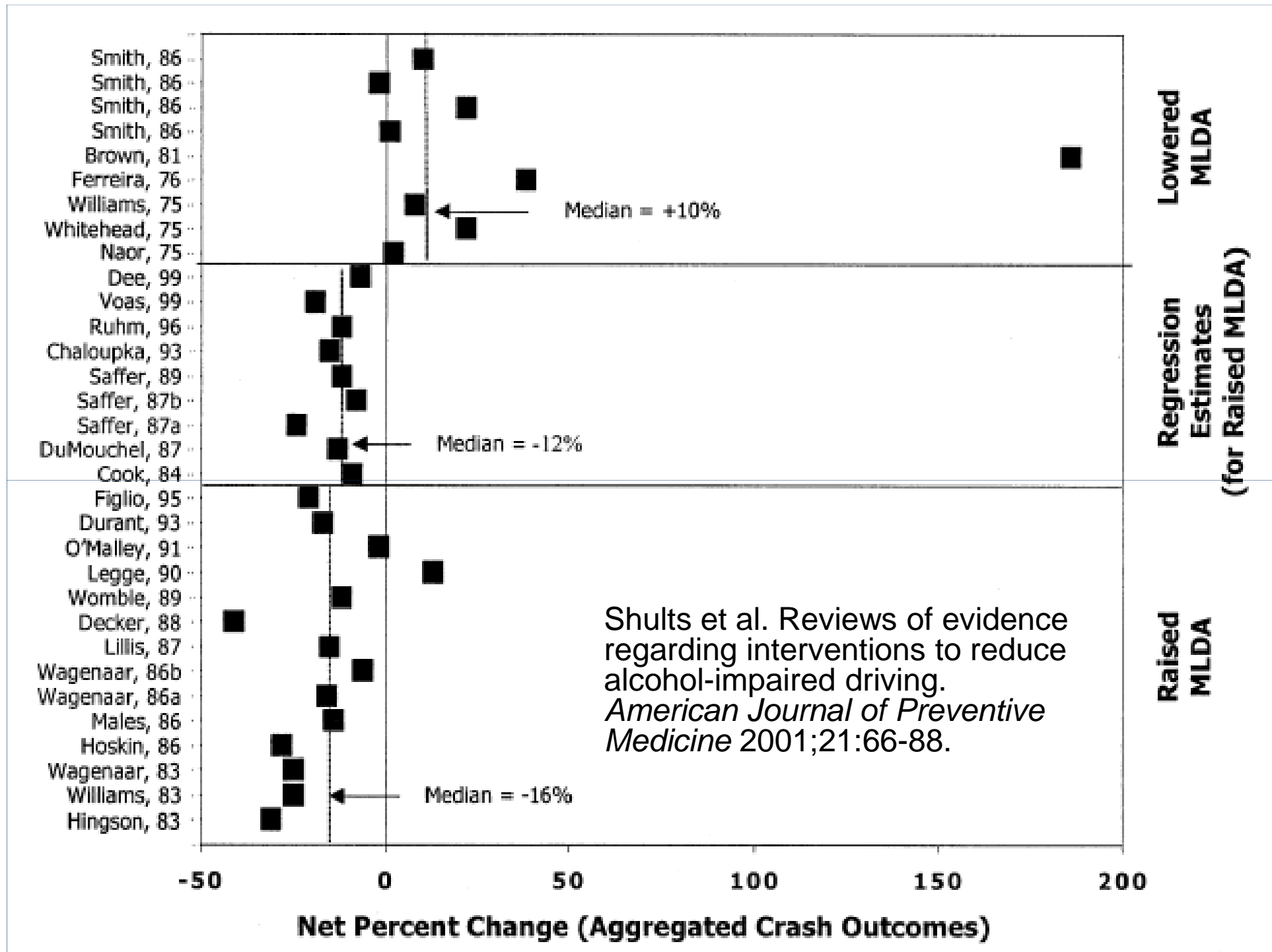
Changes in the Minimum Purchase Age in Australia and New Zealand

Jurisdiction	Year of Change	Change in Years	Evaluated
<i>Australia</i>			
Queensland	1974	21 → 18	Yes
South Australia	1968	21 → 20	Yes
	1971	20 → 18	Yes
Western Australia	1970	21 → 18	Yes
<i>New Zealand</i>			
	1967	21 → 20	No
	1999	20 → 18	Yes
	2011?	On-license: 18 → 18 Off-license: 18 → 20	-

Logic framework for reviews of interventions to reduce alcohol-impaired driving



Shults et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. *American Journal of Preventive Medicine* 2001;21:66-88.



Effects of enforcement

- Most studies were of jurisdictions where the increased MLDA was poorly enforced, i.e., the effects shown occurred despite poor enforcement (Wagenaar & Wolfson 1994).
- Enforcement increases the public health gains:

“Potential benefits of active enforcement of minimum drinking age statutes are substantial, particularly if efforts are focused on those who provide alcohol to youth.” (Wagenaar & Wolfson 1995).

THE NEW ZEALAND LAW CHANGE

- Pursuit of a *café culture*
- July 1999, a conscience vote: 59-54 (Note: no upper house in New Zealand)
- Minimum purchase age changed from a 'soft' 20 to a 'hard' 18
- No requirement to check ID, no additional police resources for enforcement
- Came into effect on 1 December 1999 with no provision for evaluation

Study 1: Methods

- Design: quasi experiment with an age group control
 - ~ Target group: persons aged 18-19 years
 - ~ *Trickle-down* group: persons aged 15-17 years
 - ~ Comparison group: persons aged 20-24 years
- Outcome measures:
 - (1) Alcohol-involved traffic crashes resulting in injury in the entire New Zealand population, in which a person aged 15-24 years was a driver
 - (2) Hospitalisations of 15-24 year-olds for road traffic crashes (i.e., regardless of alcohol involvement) – the weaker of the two measures

- Study periods

Pre-law change:

4 years: Dec 1995 to Nov 1999

Post-law change:

4 years: Dec 1999 to Nov 2003

- Analysis: Poisson regression of population rates after/before, producing Incidence Rate Ratios with 20-24 year-olds as the reference group

TABLE 1—Alcohol-Involved Crash Injuries Before and After Lowering the Minimum Purchasing Age

Age Group, y	Rate per 10 000 Population ^a		After-to-Before Incidence Rate Ratio (95% CI)	Relative After-to-Before Incidence Rate Ratio (95% CI)	P
	Before Lowering of Purchase Age	After Lowering of Purchase Age			
Young men					
20-24	150.3	121.7	0.81 (0.76, 0.86)	1.00 Reference	
18-19	180.0	163.5	0.91 (0.83, 0.99)	1.12 (1.00, 1.25)	.04
15-17	76.1	70.6	0.93 (0.83, 1.04)	1.14 (1.01, 1.30)	.04
Young women					
20-24	29.9	20.2	0.68 (0.58, 0.79)	1.00 Reference	
18-19	35.4	36.1	1.02 (0.83, 1.24)	1.51 (1.17, 1.94)	.002
15-17	27.4	22.9	0.84 (0.69, 1.02)	1.24 (0.96, 1.59)	.10

Note. CI = confidence interval.

^aFrom traffic crash reports.

TABLE 2—Hospitalizations Because of Traffic Crashes Before and After Lowering the Minimum Purchasing Age

Age, y	Rate per 10 000 Population ^a		After-to-Before Incidence Rate Ratio (95% CI)	Relative After-to-Before Incidence Rate Ratio (95% CI)	P
	Before Lowering of Purchase Age	After Lowering of Purchase Age			
Young men					
20-24	232.0	150.9	0.65 (0.61, 0.70)	1.00 Reference	
18-19	189.2	135.9	0.72 (0.65, 0.79)	1.10 (0.98, 1.24)	.09
15-17	85.9	69.8	0.81 (0.75, 0.89)	1.25 (1.12, 1.40)	<.001
Young women					
20-24	103.0	76.9	0.75 (0.67, 0.83)	1.00 Reference	
18-19	93.4	66.0	0.71 (0.62, 0.81)	0.95 (0.80, 1.12)	.50
15-17	52.9	44.2	0.84 (0.75, 0.93)	1.12 (0.96, 1.30)	.10

Note. CI = confidence interval.

^aFrom hospitalization data.

Strengths and limitations

- No other age-related law or policy changes occurred during the study period
- The ICD coding system changed from 9 to 10 but at levels which did not affect the present comparisons
- There is evidence that under-reporting of crashes occurs but that it is not differential by age over time
- We could not measure changes in drink-driving
- It remains possible that other aspects of increased availability contributed to the observed differences but their effects would have to have been differential by age **and** time (i.e., a three-way interaction; consider beer in supermarkets)
- No account was taken of cohort effects—i.e., newly enfranchised 18-19 year-olds in 1999-2003 became part of the control series 0-2 years later: this could have biased the results toward the null.

Other NZ studies

- Everitt R, Jones P. Changing the minimum legal drinking age - its effect on a central city Emergency Department. *NZ Med J* 2002;115:9-11.
 - ~ Increased emergency department admissions for alcohol intoxication in 18-19 yr-olds
- Guria et al. Alcohol in New Zealand road trauma. *Appl Health Econ Health Policy* 2003;2(4):183-90.
 - ~ Increased crashes involving alcohol in 15-17 yr-olds
- Huckle T, Pledger M, Casswell S. Trends in alcohol-related harms and offences in a liberalized alcohol environment. *Addiction* 2006;101(2):232-40.
 - ~ increases in drink-driving and alcohol-related crashes among 18-19 yr-olds, relative to 20-24 year-olds, and increases in disorder offences among 14-15 yr-olds.

Study 2:

Problems studying other important outcomes

- Health
 - ~ Alcohol poisoning
 - ~ Assault
 - ~ Self-harm and suicide
 - ~ Sexually transmitted infection
 - ~ Addiction
- Property damage, theft

Background

- The evaluation of public health policies and interventions often relies on routinely collected data, e.g.,
 - ~ coroners' reports
 - ~ cancer registries
 - ~ traffic crash records
 - ~ crime data
- The data are often ill-suited to evaluation studies
- → Missed opportunities for evaluation:
 - ~ Such and such data “are already being collected”
 - ~ Duplication / waste of meagre resources

Aim

- To examine the proposition that routine data are often insufficient to evaluate important policy changes.
 - ~ Lowering of New Zealand alcohol purchasing age change (1999) as an example.

Methods

- Incidence rate ratios were estimated for actual assault injury and poisoning admissions
- Simulations using hypothetical population and effect sizes were conducted.
 - ~ Population size x10
Is the problem that our population is too small?
 - ~ Effect size x2
Is the effect too small to detect with the incidence rates and population we have?

Results

1. Incidence rates computed from observed events
2. Incidence rates computed from hypothetical events and population sizes

TABLE 1—Incidence of Alcohol Poisoning and Assaults Before and After the Lowering of the Minimum Alcohol Purchasing Age From 20 to 18 Years: New Zealand, 1995–2003

Actual data

	Before (December 1995–November 1999)			After (December 1999–November 2003)			Before–After IRR (95% CI)	Before–After IRR Relative to Baseline Category (95% CI)	P
	No. of Incidents	No. of Person-Years	Rate per 100 000 Person-Years	No. of Incidents	No. of Person-Years	Rate per 100 000 Person-Years			
Alcohol poisoning									
Male age group									
20–24 y	18	539 830	3.3	14	533 660	2.6	0.79 (0.39, 1.58)	1.00 (Ref)	
18–19 y	12	222 500	5.4	11	230 610	4.8	0.88 (0.39, 2.00)	1.12 (0.38, 3.30)	.8
15–17 y	25	334 630	7.5	23	348 420	6.6	0.88 (0.50, 1.56)	1.12 (0.46, 2.76)	.8
Female age group									
20–24 y	12	535 850	2.2	11	522 530	2.1	0.94 (0.41, 2.13)	1.00 (Ref)	
18–19 y	7	211 700	3.3	9	219 920	4.1	1.24 (0.46, 3.32)	1.32 (0.37, 4.75)	.7
15–17 y	35	315 710	11.1	26	332 180	7.8	0.71 (0.43, 1.17)	0.75 (0.29, 1.97)	.6
Assaults									
Male age group									
20–24 y	695	539 830	128.7	597	533 660	111.9	0.87 (0.78, 0.97)	1.00 (Ref)	
18–19 y	281	222 500	126.3	273	230 610	118.4	0.94 (0.79, 1.11)	1.08 (0.88, 1.32)	.5
15–17 y	310	334 630	92.6	294	348 420	84.4	0.91 (0.78, 1.07)	1.05 (0.86, 1.27)	.6
Female age group									
20–24 y	94	535 850	17.5	114	522 530	21.8	1.24 (0.95, 1.63)	1.00 (Ref)	
18–19 y	36	211 700	17.0	35	219 920	15.9	0.94 (0.59, 1.49)	0.75 (0.44, 1.29)	.3
15–17 y	55	315 710	17.4	52	332 180	15.7	0.90 (0.62, 1.31)	0.72 (0.45, 1.15)	.2

Note. IRR=incidence rate ratio; CI=confidence interval. The minimum age for purchasing alcohol was lowered from 20 years to 18 years effective December 1, 1999. Data on person-years were obtained from Statistics New Zealand's annual resident population estimates.

Kypri K, Davie G et al (2009). Utility of routinely collected data in evaluating important policy changes: the New Zealand alcohol purchasing age limit. *American Journal of Public Health* 99, 1212-15

TABLE 2—Hypothetical Scenarios Showing Incidence of Alcohol Poisoning Before and After the Lowering of the Minimum Alcohol Purchasing Age From 20 to 18 Years: New Zealand, 1995–2003

	Rate per 100 000 Person-Years		Before-After IRR (95% CI)	Before-After IRR Relative to Control Group (95% CI)	P
	Before Lowering Purchase Age	After Lowering Purchase Age			
Population^a					
Male age group					
20–24 y	3.3	2.6	0.79 (0.63, 0.98)	1.00 (Ref)	
18–19 y	5.4	4.8	0.88 (0.68, 1.15)	1.12 (0.80, 1.58)	.5
15–17 y	7.5	6.6	0.88 (0.74, 1.06)	1.12 (0.85, 1.49)	.4
Female age group					
20–24 y	2.2	2.1	0.94 (0.73, 1.22)	1.00 (Ref)	
18–19 y	3.3	4.1	1.24 (0.91, 1.69)	1.32 (0.88, 1.98)	.2
15–17 y	11.1	7.8	0.71 (0.60, 0.83)	0.75 (0.55, 1.02)	.1
Relative effect size^b					
Male age group					
20–24 y	3.3	2.6	0.79 (0.39, 1.58)	1.00 (Ref)	
18–19 y	5.4	5.2	0.96 (0.43, 2.15)	1.23 (0.42, 3.55)	.7
15–17 y	7.5	7.2	0.96 (0.55, 1.67)	1.22 (0.50, 2.98)	.7
Female age group					
20–24 y	2.2	2.1	0.94 (0.41, 2.13)	1.00 (Ref)	
18–19 y	3.3	5.0	1.51 (0.59, 3.90)	1.61 (0.46, 5.63)	.5
15–17 y	11.1	5.1	0.46 (0.26, 0.82)	0.49 (0.18, 1.34)	.2

Note. IRR = incidence rate ratio; CI = confidence interval.

^aAssumes a 10-fold increase in population and no change in incidence rates (and thus same relative effect sizes).

^bAssumes a doubling of the relative effect size with no differences in population size, before-change incidence rates among the target age groups, or the after-change incidence rate in the reference age group.

TABLE 3—Hypothetical Scenarios Showing Incidence of Assaults Before and After the Lowering of the Minimum Alcohol Purchasing Age From 20 to 18 Years: New Zealand, 1995–2003

	Rate per 100 000 Person-Years		Before-After IRR (95% CI)	Before-After IRR Relative to Control Group (95% CI)	P
	Before Lowering Purchase Age	After Lowering Purchase Age			
Population^a					
Male age group					
20–24 y	128.7	111.9	0.87 (0.84, 0.90)	1.00 (Ref)	
18–19 y	126.3	118.4	0.94 (0.89, 0.99)	1.08 (1.01, 1.15)	.02
15–17 y	92.6	84.4	0.91 (0.87, 0.96)	1.05 (0.99, 1.11)	.1
Female age group					
20–24 y	17.5	21.8	1.24 (1.10, 1.36)	1.00 (Ref)	
18–19 y	17.0	15.9	0.94 (0.81, 1.08)	0.75 (0.63, 0.89)	.001
15–17 y	17.4	15.7	0.90 (0.80, 1.01)	0.72 (0.62, 0.84)	<.001
Relative effect size^b					
Male age group					
20–24 y	128.7	111.9	0.87 (0.78, 0.97)	1.00 (Ref)	
18–19 y	126.3	127.1	1.01 (0.85, 1.18)	1.16 (0.95, 1.41)	.1
15–17 y	92.6	87.8	0.95 (0.81, 1.11)	1.09 (0.90, 1.32)	.4
Female age group					
20–24 y	17.5	21.8	1.24 (0.95, 1.63)	1.00 (Ref)	
18–19 y	17.0	10.5	0.62 (0.36, 1.04)	0.49 (0.27, 0.89)	.02
15–17 y	17.4	9.6	0.55 (0.36, 0.85)	0.44 (0.27, 0.74)	.002

Note. IRR = incidence rate ratio; CI = confidence interval.

^aAssumes a 10-fold increase in population and no change in incidence rates (and thus same relative effect sizes).

^bAssumes a doubling of the relative effect size with no differences in population size, before-change incidence rates among the target age groups, or the after-change incidence rate in the reference age group.

Results

Summary

- There were too few events to support valid statistical inferences.
- Even with populations 10 times larger, or effect sizes of twice the actual effect sizes, comparisons were often under-powered.

Conclusions

- Governments should treat the enactment of health legislation as an opportunity to build the evidence base, by ensuring that evaluation studies are initiated in advance of law changes.
 - ~ We need a different model for the government—researcher relationship
 - ~ Donald Campbell’s “Experimenting Society”

Government as an actor in the production of policy-relevant research evidence (not merely a consumer)

- Systematically look for relevant evidence
- Evaluate the evidence rigorously
- Apply the evidence in policy development
- Where evidence is lacking:
 - ~ Contribute to the production of policy-relevant research evidence (commission independent evaluation research)
 - ~ Apply the precautionary principle:
 1. Take preventive action
 2. Shift burden or proof to proponent of activity
 3. Look for alternatives to potentially harmful actions
 4. Involve the public in decision-making

POLITICAL DISCOURSE AND PUBLIC OPINION

- May 2005, the Sale of Liquor (Youth Alcohol Harm Reduction) Amendment Bill introduced to the parliament
- Proposed an increase in purchase age to 20, among other things
- Subject to conscience vote, which is problematic
 - “Politics can be deadly: New Zealand’s low driver licence and alcohol purchase ages are a lethal combination.” *Injury Prevention* 12(2)69-70.
 - Law Commission 2009 advice to Govt.
- June 2005: the parliament voted in favour of progressing bill to select committee stage
- Select Committee hearings began March 2006
- Parliamentary debate and vote 8 November 2006

Public opinion

Mail survey of random sample (n=1258) from electoral roll; response rate 60% (Hoek et al, 2006)	% Support or Strongly Support	% Oppose or Strongly Oppose
Raising the drinking age back to 20 years	74.6	14.4
Stricter enforcement of the law against selling alcohol to customers who are underage	94.1	1.3
Stricter enforcement of the law against serving customers who have had too much to drink	90.4	1.9
Banning alcohol advertising on television	43.8	26.3
Banning alcohol sponsorship of sporting events	35.4	34.9
Requiring alcoholic beverages to have warning labels about possible health hazards	52.2	16.7
Serving only low alcohol drinks, such as low alcohol beer, should be served at sports events	50.1	26.3
Increasing the tax on cheap “alcopops” drinks favoured by young drinkers	59.4	19.9
Banning the sale of cheap “alcopops” drinks favoured by young drinkers	41.4	32.0

Barriers to change

- Repetition of mindless mantras by key government agencies and MPs including the minister responsible for alcohol policy
- The position taken by the New Zealand Medical Association

Commonly expressed opinions concerning the MPA and some responses to them

- “An age 20 law disenfranchises young people”

Better disenfranchised than dead or disabled

- “We need to educate young people about alcohol and how to drink sensibly”

At best a naïve statement, at worst: *Liquorspeak* for “don’t interfere with the availability of alcohol to young people”: overwhelming evidence shows no beneficial effect of education and persuasion programs in terms of risk behaviour or injury outcomes

- “Young people are safer drinking in pubs than in unsupervised places”

Another myth and a favourite of the liquor industry. Three quarters of assault fatalities that occur outside the home occur in or around licensed premises

(Langley, J., Chalmers, D. and Fanslow, J. (1996) Incidence of death and hospitalization from assault occurring in and around licensed premises: A comparative analysis. *Addiction* **91**, 985-93.)

opinions cont'd...

- “Making alcohol illegal makes it more attractive”

The ‘forbidden fruit’ hypothesis; often uttered but there is no evidence we know of to support it.

- “They’ll still get alcohol even if it’s illegal to buy it”

Sure, but evidence shows that even under a poorly enforced minimum purchase age, youth have significantly less access to alcohol than do those over the minimum purchase age (Wagenaar & Toomey (2002) Effects of minimum drinking age laws: Review and analyses of the literature from 1960 to 2000. *Journal of Studies on Alcohol Suppl*14, 206-225).

- “If it’s illegal to drink when they’re 18, they’ll make up for it by drinking more heavily when they’re 20”

Wrong. The US studies which tested this hypothesis showed no evidence of such temporal displacement. (ibid)

- “You have to change the drinking culture.”

Yet another favourite of those opposed to doing anything effective. Said as if the law was not at least in part a determinant of culture.

TREMPAIN

Minister of Justice

PHIL GOFF SAYS
THEY SHOULD
LEAVE THE
DRINKING AGE
AS IT IS AND
CHANGE THE
CULTURE.

COOL!!
I'LL DRINK
TO THAT!



Otago Daily Times: May 2004

- NZMA opposed the lowering of the purchase age in 1999
- In its submission to the Select Committee in 2006, the NZMA opposed an increase in the purchase age:

“...we are not convinced that the problems associated with excessive alcohol use by young people can be curbed simply by re-raising the age to 20 years. Therefore, we do not support that proposal within the Bill.”

- ~ Langley J & Kypri K (2006) Has the New Zealand Medical Association demonstrated that it is not a credible source of advice to Parliament? *New Zealand Medical Journal* 119, URL: <http://www.nzma.org.nz/journal/119-1238/2091/>.
- ~ Langley J & Kypri K (2006) Regarding New Zealand Medical Association's position on the minimum purchase age for alcohol. *NZMJ* 119, URL: <http://www.nzma.org.nz/journal/119-1234/1994/>.

Contrast with the role played by the AMA in the USA
(and relate to the situation in Guam in 2006)

The end of a chapter of NZ alcohol policy history ?

- Parliament debated the SLAB on 8 November 2006
- In the days preceding the vote, analysts said it was too close to call
- In the early afternoon of 8 Nov, the Associate Minister of Health Damien O'Connor, and Minister of Justice, Mark Burton, announced a review of underage drinking (After 18 months of debate, submissions and Select Committee hearings!)
- The sponsor of the bill (Labor MP Martin Gallagher) and senior coalition partner Jim Anderton were clearly surprised, the latter expressing his displeasure publicly
- Voted down 72-49

AUSTRALIA AND THE MINIMUM PURCHASE AGE

- Ian Smith's work of the 1980s:

Smith DI. Effect on non-traffic hospital admissions of lowering the drinking age in two Australian states. *Contemporary Drug Problems* 1986;Winter(621-39).

Smith DI. Effectiveness of restrictions on availability as a means of preventing alcohol-related problems. *Contemporary Drug Problems* 1988;15:627-684.

Smith DI, Burvill PW. Effect on traffic safety of lowering the drinking age in three Australian states. *Journal of Drug Issues* 1986;16(183-98).

Smith DI, Burvill PW. Effect on juvenile crime of lowering the drinking age in three Australian states. *British Journal of Addiction* 1987;82(2):181-8.

Misinformation

“Push to raise the legal drinking age”

03/25/2008 By Deborah Robinson

(<http://www.australianwomenonline.com/push-to-raise-the-legal-drinking-age/>)

The Rudd Government is moving to raise the legal drinking age to 21 in an effort to curb binge drinking among Australia's youth.

“Researchers, close to the issue such as Professor Jon Currie, director of addiction medicine and mental health at St Vincent's Hospital in Victoria supports the concept of raising the drinking age...

...In 1974 the legal age to consume alcohol was dropped to 18 in Australia. Since then we have seen a generation of young Australians who have grown up thinking that it's safe to drink to excess - that it's a right of passage....”

...from the top

I'd like to see legal drinking age lifted to 21, says Kevin Rudd

By staff writers, From: news.com.au , February 08, 2010

“AUSTRALIA should increase the legal drinking age to 21, according to a national online poll.

Debate raged after Prime Minister Kevin Rudd last night told a studio full of young Australians on the ABC's Q&A he personally supported an older drinking limit.

Asked by host Tony Jones if the legal drinking age should be upped from 18 to 21, Mr Rudd responded: “Of course”.

Today, more than 6000 people voted in online polls on News Ltd websites across the country - and 57 per cent backed a booze ban for anyone under 21....”

- *Researchers don't appear to take the idea seriously*: Despite it being proclaimed an effective strategy in the 2003 WHO review (*Alcohol: No Ordinary Commodity*), the question of whether other countries should consider introducing age 19/20/21 laws is not on the research agenda.
- *It's now a foreign concept to the Australian public*: It's been 36 years since Queensland reduced its minimum purchase age from 21 to 18, the last Australian jurisdiction to do so. Most Australians simply can't remember things being different.
- *Compulsory voting*: "18-19 year-olds would vote against any party supporting age 20" – an empirical question. Consider the TV One SMS poll in New Zealand (2006), and the Hoek et al. survey
- *Problem of internal borders* – use a federal Act like the Uniform Drinking Age act in the USA; do it first in jurisdictions where border crossing to drink won't be problem (Tasmania, WA, NT) and evaluate the effects.
- *Problem of substitution*: People might substitute with other substances: no evidence for this elsewhere, but not hard to evaluate. And the opposite might occur, i.e., if alcohol use potentiates other drug use it is plausible that other substance use could decrease.

NEW ZEALAND: NOVEMBER 2010

- Alcohol Reform Bill introduced to Parliament 8 November
 - ~ Likely first reading pre-Christmas
 - ~ Then to select committee for six months for public submissions
- Measures including: limiting the alcohol content of RTDs, banning particularly harmful products, reducing opening hours; new rules on supply to minors. – Govt Bill
- Purchase age: split 18/20 – Conscience vote

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