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HEALTH & SCIENCE

A consistent and worrying mental health failure

Despite links to mental ill health and suicide, the government\* has failed to progress a recommendation from its own mental health and addiction inquiry

to take a stricter regulatory approach to alcohol. Experts have described the lack of action as a missed opportunity. Oliver Lewis reports.

Doug Sellman is exasperated.

The professor of psychiatry and addiction medicine at the University of Otago, Christchurch believes one of the most effective ways for the government

to reduce mental health problems and suicide in New Zealand is to impose stronger regulations on alcohol.

He Ara Oranga, the landmark 2018 report of the government inquiry into mental health and addiction, reached a similar position on regulation, saying “immediate

action” was needed to curb the country’s problematic drinking culture.

But that isn’t happening, despite repeated previous calls.

“I find it worrying,” Sellman said, “that both Labour-led and National-led governments have been resistant to undertake any substantial reform of the alcohol

laws for the purpose of reducing the enormous alcohol-related harm in New Zealand.”

He Ara Oranga specifically recommended taking a stricter approach to the sale and supply of alcohol. That approach should be informed by past reviews,

the report said, including a 2010 Law Commission report that suggested, among other things, raising the purchasing age to 20 and increasing the price of

alcohol through excise tax increases.

“Here we have, once again, a ‘once-in-a-generation’ report that recommends stronger regulation of alcohol being put to one side by the government,” Sellman

said.

The government, in its May 2019 response to He Ara Oranga, either accepted, accepted in principle or said further consideration was needed for 38 of the

recommendations; it rejected just two outright, including a target of a 20 percent reduction in suicide rates by 2030.

For the recommendation calling for stricter alcohol regulations, the government said further consideration was required. So has that happened?

The government has “not progressed” or “developed any proposals” around work to take a stricter regulatory approach to alcohol, according to the Ministry

of Health, which made the admission in information provided to the Initial Mental Health and Wellbeing Commission, obtained by Newsroom under the Official

Information Act. Further consideration was “not an initial priority at this time”, the ministry said, because key elements of the Sale and Supply of Alcohol

Act, which came into force in 2012, were still “bedding in” and the courts were working through and considering matters relevant to the act.

Sellman described the justification as “an unconvincing attempt at sounding reasonable and to delay any action”. He was critical of the existing act, describing

it as legislation “guaranteed to essentially maintain the status quo of New Zealand’s heavy drinking culture”.

There were a number of well-established measures to reduce alcohol-related harm, Sellman said, including dismantling alcohol marketing, increasing the

price, reducing accessibility by reducing purchasing hours and the number of outlets, raising the purchasing age and strengthening drink-driving measures.

A ministry spokesman said He Ara Oranga made a number of urgent recommendations while recognising many would require more detailed work (the report itself

identifies a “lack of political will” as the main impediment to stronger alcohol reform).

The government had initially focused on reforming the Mental Health Act and establishing the Mental Health and Wellbeing Commission, the spokesman said.

The permanent commission should be up and running early next year.

“Further legislative work will be considered over time, including working with other government agencies, for example, the Ministry of Justice [which]

is responsible for the Sale and Supply of Alcohol Act,” the spokesman said.

He Ara Oranga details the widespread social harm caused by addiction to alcohol and other drugs, citing figures that suggest 87 percent of prisoners have

experienced an alcohol or other drug problem in their life; over half of all youth suicides have involved alcohol or other drug exposure; over 70 percent

of people who attend addiction services have coexisting mental health conditions, and over 50 percent of mental health service users are estimated to have

coexisting substance abuse problems.

Alcohol is a central nervous system depressant.

“With continuing heavy use of alcohol, many people begin to suffer clinical levels of depression which can be associated with suicidal thoughts and occasionally

suicidal behaviour,” Sellman said.

In a statement issued before Election Day, Labour’s health spokesman Chris Hipkins acknowledged New Zealand “continues to face significant challenges with

alcohol and other drugs”.

“Regulation alone is not the answer to reducing harm, what is needed is a change to our drinking culture, which will take time.” (There has been a

decline in teen binge drinking, for example).

The Health Promotion Agency helps drive this change, using a levy collected on alcohol to fund its work. The government also collects excise and excise-equivalent

tax on alcohol, raking in more than $1 billion in the year ending June 2019.

The government had made significant investments in neglected mental health and addiction facilities as well as addiction services, Hipkins said, including

$14m to increase the number of people receiving early support for alcohol and drug challenges by around 5000 per year and $42m to improve the quality of

specialist alcohol and drug services.

It had also established the suicide prevention office and set up free counselling for those bereaved by suicide, among other initiatives.

Alcohol regulation was just one possible suicide prevention strategy, the ministry spokesman said; the drivers of suicide were complex, so looking at alcohol

restrictions without looking at the wider problems may be of limited use.

However, regulatory changes for alcohol look unlikely anyway.

“The government has no intention to alter the legal age for purchasing alcohol and the Labour Party is not campaigning on any changes to the regulation

of alcohol,” Hipkin said, speaking before the election result.

“That said, I have no doubt the next government will continue to look at ways to reduce the harm caused by alcohol.”

For forensic psychiatrist Dr Erik Monasterio, not following through with the He Ara Oranga alcohol recommendation is both a “missed opportunity” and “inconsistent”

with the government’s stated priorities of mental health and wellbeing.

“No one’s talking about prohibition. We’re talking about decreasing the harms arising from it by decreasing its availability; if you make alcohol almost

as cheap as soft drinks and you put it in a supermarket, it’s obvious more people will use it. And there is a correlation between the amount used and the

harm caused.”

As clinical director of the Canterbury District Health Board’s regional forensic service, Monasterio said he encountered harm caused by alcohol and other

drugs every day.

No one was saying alcohol caused suicide, he said, but it could be a contributing factor.

“If you state that your political direction is one of health and wellbeing and addressing what they call the scandal of suicide in the community, surely

you wouldn’t be shy about intervening in an area that you know will work.

“My opinion is that a reduction in access to drugs and alcohol — and the question is how you achieve that — would have tangible positive benefits for mental

health, deliberate self-harm and suicide and criminal behaviours.”

\*Any reference to the government refers to the 2017-2020 Labour-led coalition government.