

I never thought
I'd end up in Court:

Reflecting on the challenges of
alcohol reform advocacy

Doug Sellman

Professor Emeritus

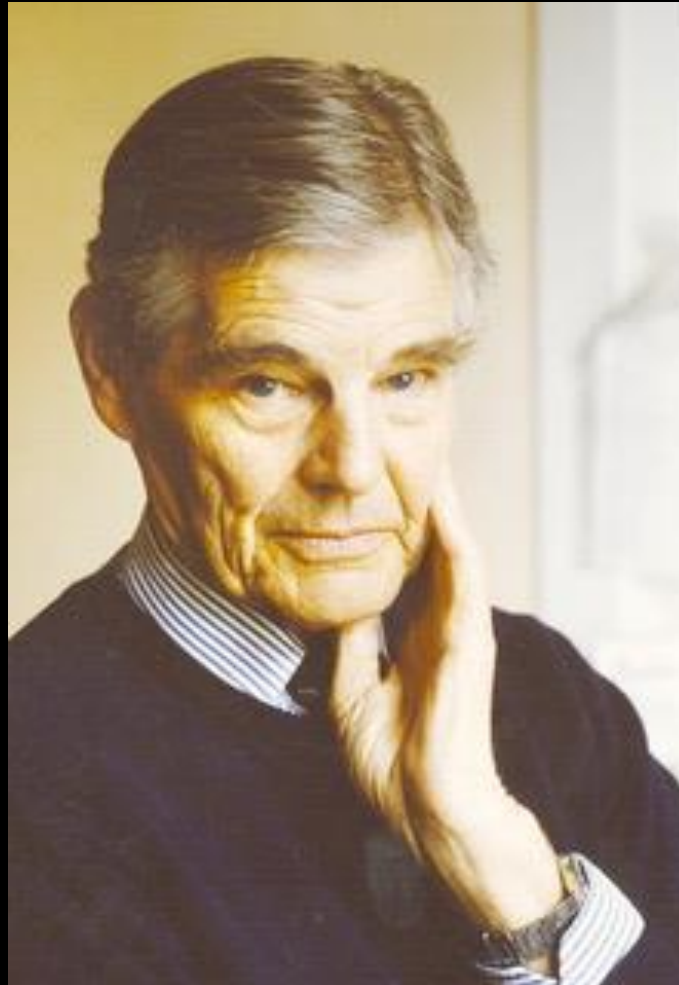
Psychiatry & Addiction Medicine

University of Otago, Christchurch

NB: This slideshow was created by BI

not AI

Dr John Dobson
Pioneering psychiatrist
1920 - 1998





Alcohol Action NZ

- Medical Spokespeople

Professor Jennie Connor

Dunedin

Professor Doug Sellman

Christchurch

Dr Geoffrey Robinson

Wellington

Dr Sam McBride

Wellington

Dr Tony Farrell

Tauranga

- Scientific evidence



Alcohol: No Ordinary Commodity, 2nd Ed. (Babor et al, 2010)



The 5+ Solution

MPAAD+

- | | |
|----------------------------------|------------|
| 1. Marketing | dismantle |
| 2. Price | increase |
| 3. Accessibility | limit |
| 4. Age of purchase | raise |
| 5. Drink driving measures | strengthen |

PLUS: Increase treatment opportunities for heavy drinkers

Combination of effectiveness (ANOC) and public support of these reforms (HSC)

	Effectiveness (0, +, ++, +++)	Public Support %
1. Dismantle marketing	+ / ++	77 - 96
2. Raise the price	+++	76
3. Reduce trading hours	++	84
4. Raise purchase age	+++	87
5. Lower drink driving limit	+++	65 - 75



“Ten things the alcohol industry
won’t tell you about alcohol”

National Alcohol Lecture Series
2009/2010

pastoral
PSYCHOLOGY

editorial

Alcoholism: A National Emergency

by William C. Menninger, M. D.

AS I SAID some time ago in my article on "Tensions in Family Life" which was published in the April, 1953 issue of PASTORAL PSYCHOLOGY, "If something is really going to be done about mental health, it will not be done by professional psychiatrists, but by citizens across the board—the parents, teachers, and clergy, and the leaders in other professions and in industry." This statement holds equally true for the problems of alcoholism.

A great many troubled people come to the minister for help and a large proportion of these are alcoholics. Sometimes it is a wife who wants to consult the minister about a husband, and sometimes it is the other way around, but always it is a challenging and difficult problem requiring of the minister the utmost in dedication, delicacy, skill, and knowledge. For this reason we welcome this second issue

The major part of this editorial, except for the first two introductory paragraphs, is an address to the National Council on Alcoholism in June, 1957 and published in the "Menninger Quarterly." Reprinted by permission.

of PASTORAL PSYCHOLOGY on the minister and the alcoholic, for it should help to provide the dedicated minister with some of the understanding and the skills which this difficult and delicate task demand.

Now, what are some of the present facts about alcoholism?

In our country alone there are over 4,500,000 problem drinkers—an astounding figure which represents more than 2 per cent of our population. Even that does not state the total size of the problem. We do not know the extent of alcoholism's role in the enormous and increasing numbers of accidents and crimes, nor the effect on the families and friends of this huge group of people.

Studies by a number of companies show why alcoholism can truthfully be called the "billion dollar hangover" in industry. For instance, the problem drinker:

loses, from the effects of alcohol,
22 working days a year more than
the average employee;
loses, from other illnesses, another

“If alcohol was a communicable disease,
a national emergency would be declared”

William C Menninger
(1957)



Corporation:

**“An ingenious device
for obtaining individual profit,
without individual
responsibility”**

Ambrose Bierce (1842 – 1914)
American writer and critic

PEOPLE, POWER **AND** PROFITS

PROGRESSIVE CAPITALISM
FOR AN AGE OF DISCONTENT



JOSEPH E. STIGLITZ
WINNER OF THE NOBEL PRIZE

Life can't be enjoyed without alcohol



Social events aren't proper events
without alcohol



To be in the in-crowd means
drinking with the in-crowd





Six medical things the alcohol industry won't tell you about alcohol

1. Alcohol is a highly intoxicating drug with a relatively low safety index
2. Alcohol is a neurotoxin which can cause brain damage
3. Alcohol can directly cause aggression
4. Alcohol is fattening in moderate drinkers
5. Alcohol can cause cancer
6. Alcohol cardio-protection has been talked up

Three more things the alcohol industry *definitely* won't tell you about alcohol

7. The alcohol industry actively markets alcohol to young people
8. Low risk drinking means drinking low amounts of alcohol
9. A lot of the alcohol industry's profit comes from heavy drinking

A final thing the alcohol industry will do
their best to stop you knowing about

10. The “5+ Solution”

The 5+ Solution

MPAAD+

- | | |
|----------------------------------|------------|
| 1. Marketing | dismantle |
| 2. Price | increase |
| 3. Accessibility | limit |
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| 5. Drink driving measures | strengthen |

PLUS: Increase treatment opportunities for heavy drinkers

Five threats identified in alcohol industry internal documents

(Bond et al 2010)

1. Restrictions on alcohol advertising and marketing and enforced health warnings
2. Increases in alcohol taxes
3. Restrictions on alcohol sales
4. Increases in the legal drinking age
5. Lowering blood alcohol concentrations for driving

Sir Geoffrey Palmer
led an historic review of the alcohol laws
2008/2009



“Alcohol is a legalized drug...”
“The unbridled commercialisation of alcohol...”

The Alcohol NON-Reform Bill

- | | |
|--|--|
| 1. Marketing
- <i>some limited restriction of advertising to minors only</i> | TINKERING |
| 2. Pricing | NOTHING |
| 3. Accessibility – <i>no alcohol from convenience stores & <u>voluntary local alcohol policies</u></i> | MAINLY A TRANSFER OF RESPONSIBILITY |
| 4. Age of purchase – <i>maintain 18 years for both on-licence and for off-licence</i> | NOTHING |
| 5. Drink driving limits | NOTHING |

Six major barriers to effective alcohol reform



6. A quiet Labour/Green voice on this issue

Seven facts the alcohol industry has reacted to the most over the past 15 years

- There are 700,000+ heavy drinkers in New Zealand
- Alcohol is a drug
- Supermarket owners are the biggest drug dealers in the country
- Excessive commercialisation of alcohol is at the heart of the heavy drinking culture in New Zealand
- Alcohol causes cancer
- The social costs of alcohol are in the billions of dollars per year
- The alcohol industry does everything it can to subvert the strengthening of alcohol regulations

Alcohol Reform in NZ today

- | | |
|--|---|
| 1. Marketing
<i>- some limited restriction of
advertising to minors only</i> | TINKERING |
| 2. Pricing | NOTHING |
| 3. Accessibility – <i>no alcohol
from convenience stores
& <u>voluntary local alcohol policies</u></i> | INDUSTRY
NO LONGER
CAN APPEAL |
| 4. Age of purchase – <i>maintain
18 years for both on-licence
and for off-licence</i> | NOTHING |
| 5. Drink driving limits | ZERO LIMIT FOR YOUTH
(0.05 FOR ADULTS) |

EDITORIAL

WARNING: The alcohol industry is not your friend?

In November of 1988 California voters approved a ballot measure increasing the excise tax on a package of cigarettes from 10 to 35 cents. Twenty percent of the expected \$600 million in revenue was earmarked for an account for health education activities. A significant amount of the health education account was allocated to a high visibility, state-wide mass media campaign that, among other things, attacked the credibility and legitimacy of the tobacco industry. One of the many messages on television, billboards, and in newspapers simply stated, "WARNING: The tobacco industry is not your friend." Another said, "WARNING: Some people will say anything to sell cigarettes."

We might have seen these same type of ads two years later as a result of an initiative to increase the excise tax on alcohol by the equivalent of 5 cents a drink. We might have, but we didn't. The alcohol industry spent an estimated \$30 million during the election campaign to convince California voters that they should vote no on the 'nickel a drink' ballot initiative.

These are interesting times for the alcohol field. Alcohol problems, traditionally seen as personal problems, are now increasingly being seen as community issues. As this has occurred attention has shifted from sole reliance on treatment and education as predominant strategies to community organization and social policy. This shift reflects a new intensity as some communities view the over-availability of alcohol (including advertising and promotion) as compromising quality of life, and even literally a matter of life and death as is the case in some parts of the African-American community. The alcoholic beverage industry, on the other hand, has been mobilizing its public relations experts to enhance its image and 'purchase' respectability and credibility.

The alcohol industry uses sophisticated strategies that play off very basic social and personal values in order to define the problem in a way that excludes

them being seen as a significant contributor to the problem and establishes them as significant participants in defining the solution. As scientists, academics, and professionals in the field it is essential that we understand what the alcohol industry is doing, how they are doing it, and how their efforts ultimately serve as an obstacle to public health goals.

There are several themes that the industry uses to insulate itself politically from a fair share of responsibility for the damage caused by alcohol. The overall approach of the industry is to distance the product as far as possible from the unpleasantness and problems that result from its use. In addition to refusing to accept the status of alcohol as a drug, this strategy has several key elements:

- Alcohol problems are linked to an 'irresponsible' minority who are abusers and the substance alcohol is presented only as positive or, at worst, neutral. It is the people who can't handle it, who are genetically predisposed to disease, who are not really like 'us' that are the problem—in this way the problem is marginalized. The message is that most people 'successfully' use alcohol without problems.

- Alcoholic beverages are portrayed through advertising and promotion as part of the good life, associated with sex, fun, success, peer acceptance and independence. It is the 'beautiful' people who drink responsibly that have all the fun, it is the failures who have all the problems—in this way the people with the problem are marginalized. The message is that the behavior of an inept few should not be allowed to limit the pleasure of the many.

- The alcoholic beverage industry portrays itself as part of the solution rather than part of the problem. The industry is the advocate of responsibility, personal choice, and fulfilling lifestyles. Policy approaches to alcohol are seen as onerous, unfair, and ineffective and those who promote such policies are labeled as 'neo-prohibitionists' (a flatly

WARNING

The alcohol industry is not your friend

Four key tactics used by the alcohol industry:

1. Portray alcohol as part of the 'good life' – associations with sex, fun, success, peer acceptance and independence
2. Link alcohol problems with an 'irresponsible' minority, losers who 'can't handle' alcohol or have a genetic predisposition to experiencing problems with it
3. Be seen as part of the solution than part of the problem – advocate responsibility, personal choice and fulfilling lifestyles
4. Portray those who dare to question as “neo-prohibitionists” or other denigrating terms and try and marginalise them

Lawrence Wallack (1992)



Nicky Hager
Investigative journalist
(1958 – present)

Chapter 7:
Cash for Comment



Katherine Rich, Food & Grocery Council Carrick Graham, PR Company Cameron Slater, Whaleoil blog site



- *“Any chance to slag off the alcohol industry, trust Doug Sellman to be wheeled out for a comment. Maybe it’s time Doug has a quiet beer under a tree and learn to calm the f**k down.”*
- *“What a complete cock-smoker. Who the fuck signs off the funding for this trougher?”*
- *“Sellman is clearly in his own little perfect world ... Must be tough being such an expert. Probably drives him to drink at home each night before flogging himself with a whip”*

Defamation case

2016 - 2021

- Sellman, Swinburn, Bradbrook – plaintiffs
- Slater, Graham, Rich – defendants
- Ended with two payments to the plaintiffs – Rich pre-trial settlement, Slater post-trial
- More importantly an apology issued and read out in Court after the first morning of the trial

Apology – 3 March 2021

“I wish to apologise publicly for the untrue statements I have made about the plaintiffs... I did so as part of my business and in order to advance the interests of industry”

Apology (cont)

“ I am now aware that a number of statements I made about the plaintiffs were untrue, unfair, offensive, insulting and defamatory.

I acknowledge that the plaintiffs' work on the harms of tobacco, alcohol, and processed foods and beverages, was undertaken responsibly and in the public interest...”

Are there any alternatives to the usual democratic process to bring about effective alcohol law reform?

Citizens' Assemblies

- A form of deliberative democracy compared with (usual) aggregative democracy
- Based on citizens becoming informed about an issue before voting on it
- Representative group of citizens brought together and educated about the issue, before voting

Successful Citizens' Assemblies

- Ireland (2016) – abortion, climate change, drug use
 - UK (2018) – social care
 - UK (2020) – climate change
-

- Proposed in Australia for climate change (2010)

A Citizens' Wānanga on Alcohol Policy in Aotearoa New Zealand: An Essay on Theoretical Underpinnings and Practical Considerations

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Abstract

Alcohol use is a major determinant of health at both an individual and societal level. In New Zealand alcohol is legal and highly commercialized. Its harms are pervasive and are inadequately managed by current alcohol policy. However, contemporary methods for policy reform have also proven ineffective, and so effective alcohol regulation has been repeatedly thwarted. This essay first outlines the current state of regulatory failure and establishes the need for reform, before proposing citizens' assemblies as a solution to this public health conundrum. These are novel democratic institutions designed to secure an informed and representative public voice as the central determinant of policy. This essay contends that an appropriately designed citizens' assembly is likely to lead to alcohol policy which is more informed, evidence-based, and democratically accountable than current methods. Such an assembly would also be consistent with the Treaty of Waitangi principles and may assist in reducing alcohol-related inequities for Māori. Finally, in discussing such an assembly, this essay presents an internationally applicable model which could be employed for a range of other drug policy issues.

Keywords

Democracy, participation, citizens' assembly, drug policy, reform

Introduction and Context

Aotearoa New Zealand is an island nation with an estimated population of 5,112,000 (Statistics NZ, 2021). Of this, 70.2% are European, 16.5% are Māori, 15.1% are Asian and 8.1% are Pacific in

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In conclusion

- The public health science about alcohol is strong
- Public support for stronger alcohol regulations is large
- The number of times successive governments have dismissed recommendations is growing
- In 15 years two reforms have occurred (youth drink-driving, LAP appeals)
- The key barrier to change continues to be the influence of commercial vested interests on the political process - Big Money seduces and puts the frighteners on Members of Parliament, and in so doing corrodes democracy
- The struggle for alcohol law reform is part of a larger struggle for a civilized democratic world where truth and health are highly valued

Four ongoing strategies

1. Keep telling the truth about alcohol
 - talk with people
 - write letters, opinion pieces, submissions
2. Work on relationships with politicians
3. Support litigation efforts against the alcohol industry
4. Advocate for alternative democratic processes such as a Citizens' Assembly examining alcohol law reform