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If alcohol was a new drug

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This issue of the *New Zealand Medical Journal* features drugs, party pills BZP and TFMPP,[1] tobacco,[2–4] and alcohol.[5] Yet, some readers may have viewed the Table of Contents as containing only one article about drugs, relegating the alcohol and tobacco articles to studies of behaviour such as diet and physical activity. This is understandable because these two licit drugs have been highly commercialised.

The alcohol and tobacco industries have used their immense power and influence to normalise and glamorise these two substances as far as they legally can through powerful marketing techniques. However, tobacco perceptions have changed quite remarkably from the 1950s and 1960s when doctors posed as models of success in tobacco commercials, while alcohol's status as a highly desirable ordinary commodity largely remains.

If alcohol was a new drug being examined by the ministerial Expert Advisory Committee on Drugs it would most likely receive a classification of Class B—i.e. a drug of high risk using the 2001 evidence-based criteria for determining risk to public health.[6] This would position it in the same category as other potentially harmful drugs such as morphine, dexamphetamine, and gamma-hydroxy butyrate ("Fantasy").

The lethal dose of alcohol divided by a typical recreational dose (safety ratio) is 10, which places it closer to heroin (6), and GHB (8) in terms of danger from overdose, than MDMA ("Ecstasy" – 16), and considerably more dangerous than LSD (1000) or cannabis (>1000).[7]

Yet despite the scientific determination of high risk, alcohol has become a surprisingly cheap grocery commodity that is almost as accessible as bread and milk. It can be bought 24 hours a day at many supermarkets and convenience stores as well as at more than 10,000 liquor stores, bars, cafes, and restaurants that now exist in New Zealand.

It is hard to avoid alcohol in contemporary New Zealand. For instance, it is rare to attend a social event and not have alcohol served—even children's birthday parties commonly include alcohol for the adults. Air travel is also affected by the pervasive presence of alcohol with servings offered during short flights, when orange juice is not available but a quick chardonnay is.

However, it is even harder to avoid the omnipresent promotion and advertising of alcohol in New Zealand, which has been estimated to be in the region of a staggering $200,000 per day when sponsorship is added to advertising and other marketing devices (B McDonald, personal communication, 2009).

Alcohol kills more than 1000 New Zealanders every year and because half of these deaths are injury related and concentrated in young people, this represents about 17,000 years of life lost every year.[8] A quarter of these deaths are attributable to some rarer cancers—mouth, pharynx, larynx, and oesophagus—but also to three of the most

common cancers in New Zealand: breast in women, prostate in men, and colorectum in both genders.[9,10]

Tobacco kills even more New Zealanders every year—5000, which includes over 400 innocent passive smokers.[11] It is appropriate therefore that Parliament has undertaken courageous steps in recent decades to curb the use of tobacco through smokefree legislation and banning most tobacco advertising and sponsorship. However, tobacco industry marketing in New Zealand continues to deceive and mislead consumers.

Peace and colleagues[2] outline how the use of colour associations linked with deceptive words such as "mild" or "light" have been introduced by the industry when good evidence exists that such tobacco products are no less dangerous than regular tobacco. There is also still along way to go to achieve a safer country for children in terms of passive inhaling of tobacco smoke and consuming tobacco toxins but legislating for smoke free private spaces such as motor vehicles in New Zealand has been found to be generally opposed even when the New Zealand government is obliged under the UN Convention on the Rights of the Child to prioritise children's rights.[3]

Finally, there are subpopulations in New Zealand which lag in the decreases in tobacco use seen in the general population over the past 20 years and for which there do not appear to be any significant governmental strategies to bring about changes.[4] While the general population smoking rates have dropped from 28% in 1990 to 21% in 2006, Pacific rates have remained steady at around 32%. The infamous comment of a RJ Reynolds Tobacco Executive: *"We don't smoke that shit; we just reserve the right to sell it to the young, the poor, the black and the stupid*' illustrates the attitude of the tobacco industry towards targeted subpopulations.

It is therefore very concerning to learn that the same commercial forces behind Big Tobacco are also behind Big Booze in terms of maximising product profitability in the face of potential governmental regulation.[12] Both industries remain deathly quiet about any risks to the public health or safety of its customers from the consumption of its products and actively oppose any health warnings on packets or containers.

BZP is a relatively new drug used primarily by people under the age of 30. Despite the lack of any deaths directly associated with any of the hundreds of thousands of doses of the substance, and very little evidence of it being addictive, the public outcry about its use was so strong that the government subsequently intervened and relatively swiftly scheduled BZP as a Class C drug under the Misuse of Drugs Act (1989) in 2008.

The lack of a robust regulatory framework for recreational drugs in general was exposed in the process and without a viable legislative alternative BZP became a prohibited drug in New Zealand, while the continuing free market rolls on for two considerably more dangerous drugs –alcohol and tobacco.

One of the factors that led to governments around the world developing more courage to stand up to the tobacco industry and legislate for better control and protection of citizens was the scientific demonstration of the negative effects of passive smoking. Innocent non-smoking citizens were shown to suffer long-term health problems, including lung cancer, from breathing other people's smoky air. Collateral damage from alcohol is most starkly seen in assaults by intoxicated assailants.

Connor and colleagues[5] have now quantified these assaults in New Zealand. They found that half of all physical and sexual assaults are committed by intoxicated perpetrators and that more than 62,000 physical assaults and about 10,000 sexual assaults involving an intoxicated perpetrator occur in New Zealand every year; a significant proportion of which require medical attention or involve the police. These data add to the already disturbing picture of the extensive personal and social damage that is caused by heavy alcohol use in contemporary New Zealand.

If alcohol was a new drug, a national alcohol crisis would be declared.

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