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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Alcohol in New Zealand

SIR,—New Zealand did remarkably well in the America's Cup. Although some cup campaigns were particularly dependent on money from the alcohol industry (17 January, p 175), the main sponsor of the New Zealand effort was the Bank of New Zealand. None the less, proposed changes to the liquor laws of New Zealand mean that we are drifting backwards in preventing alcohol problems.

In New Zealand alcohol consumption per person aged 15 years and over stopped increasing somewhere about 1980. Beer consumption per head has been falling since about 1975. Concern about overproduction in our wine industry lead the government to pay grape growers to dig up some of their vines—an unusual act in the short career of this free market government. The wine industry sold 20% more wine in 1985-6 after extensive promotion and price cutting,[1] although profit margins have been squeezed and some companies have reported losses. The last few years have also seen a freeing of trade with Australia. Competition from Australian beer has increased, with complaints of dumping on the New Zealand market.

With constant or falling consumption and increasing Australian competition it would be surprising if there was not a response from the liquor industry. There has been, and it has been politically effective. The Licensed Beverage Industries released a well groomed and widely publicised report in August 1984.[2] The main industry themes were that present legislation (*a*) was an infringement of the rights of the individual responsible drinker, (*b*) made it difficult for "many in New Zealand society, particularly young people, to develop sensible attitudes towards drinking," and (*c*) was an obstacle to the commercial viability of the industry and to the government "adopting anything but ad hoc strategies to alcohol issues." The report advocated increased social research and education as the long term solution to alcohol abuse.

In July 1985 the Department of Justice completed a discussion paper on the liquor laws and subsequently called for submissions to a working party on liquor set up "to look at the whole of the law governing the manufacture, distribution, supply and sale of liquor." The working party was chaired by a former top civil servant and included a lawyer with extensive experience in liquor law. There was no balancing appointment of someone with professional experience of alcohol in public health.

The working party's report was released late last year.[3] It included a draft bill and recommendations to reduce the age limit to 18 years, remove national restrictions on hours of sale, introduce a new licensing system that would allow sales in groceries and supermarkets, remove the requirement to show a need before a new licensed premise can be opened, and open Licensing Trust areas to private industry. It also recommended that the local authorities should make decisions on availability, including hours of sale, based on the generous criteria in the draft bill. There have already been public comments from elements in the liquor industry that this will lead to wide variation in the decisions made across the country; other people are concerned that in most local authorities the elected representatives tend to be business people and that the impartiality of the present licensing system may be eroded. The Minister of Justice proposes to consult local authorities on the feasibility of this recommendation. With this background I expect that this local control element will eventually be omitted or tightly limited.

The minister is calling for submissions on the proposed bill by 1 April 1987. Bills on alcohol issues are traditionally accorded "conscience" votes. It is, however, election year in 1987 and alcohol raises strong feeling both within the Labour party and in the wider community, so if the bill is introduced it is likely to be hidden in the other business of government until after the election.

The report was released in the midst of the university marking period, just before the pre-Christmas rush and our subsequent general summer holiday. To date there has been little public discussion of the report and my impression is that few members of the public are aware of it and its implications. It is, therefore, particularly important that there should be an effective, well publicised, professional response to the report. Should the draft bill become law, alcohol related problems would be expected to increase significantly in New Zealand.

K R COOKE

Department of Preventive and Social Medicine,
University of Otago,
Dunedin,
New Zealand

1 Wine Institute of New Zealand. Annual report for year ended 30 June 1986. Cited in *Infoaddict 10*, 1986 Nov. (Alcoholic Liquor Advisory Council.)
2 Licensed Beverage Industries. *Towards a unified approach to alcohol*. Wellington: New Zealand Liquor Industry Council, 1984.
3 Working Party on Liquor. *The sale of liquor in New Zealand*. Wellington: Government Printer, 1986.

Doctors' double standards on alcohol

SIR,—It is vital that the health professions and health authorities are seen to recognise the medical and social consequences of alcohol consumption. Fiona Adshead and Anthony Clare appeal for very minor changes to signal the profession's serious intent to do something about it (20-27 December, p 1590). From a patient's perspective more is needed. Employment policies that make no drinking before or during working hours a condition of employment are essential. Patients have a right to be treated by staff whose judgment is not voluntarily impaired, and there is no doubt that alcohol affects performance.

Health authorities and medical colleges should be challenged as to why they have not implemented alcohol policies. There are good models available, including one that Professor Clare was instrumental in developing for City and Hackney