

December 2021

Submission to the Ministry of Business, Innovation & Employment

This is in support of Alcohol Healthwatch' submission on Buy-Now, Pay-Later (BNPL) Discussion Document.

The Whanganui Fetal Alcohol Spectrum Disorder (FASD) Group is a local group that aims to support healthy and alcohol-free pregnancies through the development and dissemination of clear, unambiguous and consistent messages to increase the whole community's awareness of the risks of drinking during pregnancy.

We believe that incorrect information, fear of causing stress, and social pressure to drink may be barriers to women being able to make well-informed choices around alcohol use during pregnancy. A little understanding, as long as it is evidence-informed, can go a long way. Support should be built on a person or family's natural resources and strengths, and focus should also be on developing and reinforcing essential skills and strategies.

We envision a community that shows increased knowledge and understanding of alcohol-related harm, and an intervention practice that maximises success for children and adolescents affected by FASD and for those entrusted with their care.

We also support adequate and appropriate education and opportunities for skills development that will empower the community to make informed decisions for better health and ensure that health is incorporated into all public policy decisions.

Thank you for the opportunity to provide feedback on the above-mentioned discussion document.

If you have any questions on the comments we have included in our submission, please contact:

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Discussions

Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of individuals prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.

There is an urgent need to address pre-pregnancy alcohol use patterns in women of childbearing age. Alarmingly, prevalence rates of alcohol consumption and binge drinking among women of childbearing age have been increasing globally due to a number of factors, including economic development, increased availability and accessibility of alcohol, social acceptability of drinking among women, shifting gender roles, and alcohol marketing targeting women of childbearing age (Popova, et. al., 2020).

This demonstrated trend of increased alcohol consumption not only poses a risk to women's health, but also increases the chances of pregnancies to become alcohol exposed. Several population-based policy options exist that aim to reduce alcohol use among populations, including women of childbearing age and pregnant women. These measures are effective and cost-effective in reducing the risk of alcohol-attributable disease burden, including FASD, and are listed in the *WHO Global strategy to reduce the harmful use of alcohol* (World Health Organization, 2010). These policy measures include reducing the availability, accessibility and marketing of alcohol.

As with Alcohol Healthwatch (2021), we are strongly concerned that purchasing alcohol (online or in-store) by using BNPL services may further increase its economic accessibility, fuelling increases in alcohol use or maintaining high levels of drinking and resulting in alcohol harm to drinkers and others.

Alcohol should not be considered an ordinary retail product. It is a psychoactive substance with dependence-producing properties, and of all drugs available in society, is the most harmful when harm to users as well as others is considered. Restrictions to its accessibility and availability are among the most effective of all measures to reduce harm.

BNPL services offering alcohol products to be sold and advertised at a perceived lower cost is particularly concerning. Consistent research shows that the economic accessibility of alcohol is a key driver of alcohol use, harm and inequities in harm. Price appears to be particularly important for low income, heavy drinkers, a population group that experiences disproportionately more harm from each drink.

Recommendations

It is imperative to put in place a set of robust regulations that protect consumers from any financial hardship and harm from increased drinking. In general, our recommendations include:

- Alcohol products should be excluded from any BNPL services or other unregulated credit-like services;
- Alcohol products should not be advertised or sold with fractional costing;
- Apply the Credit Contracts and Consumer Finance Act 2003 to regulate the BNPL sector; and
- Conduct a public inquiry into the online promotion, sale and delivery of alcohol.

References

Alcohol Healthwatch, 2021. *Submission to the Ministry of Business, Innovation & Employment on the Buy-Now, Pay-Later Discussion Document* (December 2021).

Svetlana Popova, Danijela Dozet, and Larry Burd (2020). *Fetal Alcohol Spectrum Disorder: Can We Change the Future?* *Alcohol Clin Exp Res.* 2020 Apr; 44(4): 815–819.

World Health Organization (2010). *Global Strategy to Reduce the Harmful Use of Alcohol - World Health Organization, Geneva, Switzerland*, Available from: https://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/;