

Alcohol access and availability

Position statement

Stronger regulatory measures to restrict the availability of alcohol will effectively prevent alcohol-related harm in Aotearoa New Zealand. Te Hiringa Hauora supports legislative enhancements that:

- limit the location and density of licensed premises
- reduce the default maximum trading hours for licensed premises
- strengthen provisions for off-licences selling remotely that prevent sale to underage or intoxicated people
- improve the involvement of local communities and mana whenua in influencing alcohol decision-making processes by:
 - making licence applicants demonstrate the need for a licensed premises and that there is no opposition from the community
 - making District Licensing Committees (DLCs) more accessible and responsive to Māori and community concerns
 - remodelling the Local Alcohol Policy (LAP) process by narrowing or removing the appeals process, ensuring LAP provisions are not over-ridden by DLCs, making LAPs apply to licence renewals (as well as new applications), and considering making them mandatory.

Alcohol causes harm to people, whānau and communities and drives health and social inequities, as well as significant costs in the health, welfare and justice sectors.

Despite this, alcohol is increasingly affordable, easy to access, widely promoted and highly visible to young people and whānau. Progress to minimise alcohol-related harm is limited by a regulatory framework that could be more effective. Te Hiringa Hauora supports a review of the regulatory approach to alcohol to better measure up to Te Tiriti o Waitangi and the WHO SAFER Initiative, with a focus on reducing disproportionate harm to Māori.

Action is needed because:

- Alcohol is a leading risk factor for global disease burden¹.
- There is strong evidence that greater availability of alcohol contributes to increases in alcohol-related harms and that when further restrictions are placed on alcohol availability, harm from alcohol decreases^{2,3,4,5}.
- The World Health Organization (WHO) includes strengthening restrictions on alcohol availability as one of the five 'best buys' for reducing alcohol-related harm⁶.
- Controls on location, density, and trading hours have been shown to reduce alcohol-related harm by reducing violence, anti-social behaviour, sexual offences, drug and alcohol offences, property damage, drink-driving, motor vehicle crashes and associated health problems, and volume of alcohol consumed^{7,8,9,10,11,12}.
- The higher density of alcohol outlets in more deprived communities is an equity issue as it is directly linked to higher alcohol consumption and associated harms¹³.
- Remote sales and delivery of alcohol are more accessible than ever. Marketing of remote sales has increasingly been directed to young people using online platforms¹⁴. The current legislation is not effective in ensuring that sales to underage or intoxicated people do not occur.
- The Sale and Supply of Alcohol Act 2012 (the Act) was supposed to give communities an opportunity to have a say in how alcohol is sold and supplied at the local level. However, evaluations of this policy have found that it was largely ineffective in controlling accessibility and availability of alcohol or providing sufficient control to communities¹⁵. Therefore, the current licensing system has not been effective in meeting the harm minimisation object of the Act.
- At present applications for licences may be granted without any need for the applicant to demonstrate a community demand for the service or to justify that amenity and good order of the locality will be maintained. Instead it is up to others, such as the Police or Medical Officer of Health, or members of the local community to establish that the issuing of the licence is inappropriate. This action is costly to government, ratepayers, and local communities.
- DLCs put weight on receiving objections and the giving of evidence in a way that disempowers local communities and Māori. A DLC should seek out the views of the local community and Māori and keep the object of the Act as a guiding principle in its decisions.
- The LAP process is voluntary and is poorly designed to equip communities with the means to challenge alcohol licensing decisions¹⁵. Some of the issues with the LAP process include:
 - the appeals process is expensive and time-consuming¹⁶, unfamiliar, stressful and intimidating for community members¹⁷, and often supersedes community concerns, resulting in policies that do little to curb alcohol-related harm
 - when processing licence applications DLCs are required only 'to have regard' for a relevant LAP and thus may decide not to apply its provisions – effectively overriding the point of the LAP
 - as the Act is currently worded, LAPs must be considered only for new licence applications but do not apply to licence renewals. This makes it very difficult to achieve reductions in alcohol outlet density, or keep licensed premises away from sensitive sites through a LAP.

- A number of reviews have consistently recommended stronger action on access and availability of alcohol, including:
 - Law Commission’s report: *Alcohol in our lives: Curbing the Harm* (2010)
 - New Zealand Medical Association’s *Reducing Alcohol-related Harm* (2015)
 - Alcohol Healthwatch’s *A Review of Territorial Authority Progress Towards Local Alcohol Policy Development* (2017)
 - *He Ara Oranga – the Government Inquiry into Mental Health and Addiction* (2018)
 - Te Tiriti o Waitangi Healthcare claim Wai 2624 (Wai 2575)
 - Mental Health and Wellbeing Commission report *Mā Te Rongo Ake / Through Listening and Hearing* (2021)
 - Alcohol Healthwatch’s *Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand* (2021).
- Results from the Health and Lifestyle Survey show that over 30% of New Zealanders think that some licensed premises are too close to public facilities like schools¹⁸ and 57% support reducing the hours when alcohol can be sold¹⁹.
- A 2019/20 survey found that 54% of respondents supported having fewer places selling alcohol in the local community²⁰.

Current legislative framework

The Act is the main legislative mechanism for controlling access and availability through:

- Default maximum trading hours of 8am–4am for on-licences and 7am–11pm for off-licences.
- Requiring licensing bodies²¹ to have regard to a number of matters relating to access and availability including proposed hours and the impact on amenity and good order of the locality.
- Allowing any territorial authority the right to adopt a LAP, though not mandatory. These policies may make provisions relating to access and availability of alcohol. Licensing bodies must ‘have regard’ to these policies when considering licensing applications.
- In developing a LAP, a territorial authority must follow the special consultative procedure (SCP) set out in section 83 of the Local Government Act 2002, for local decision-making and is subject to judicial review. In addition the Act imposes an extra set of appeal provisions not provided for in the Local Government Act 2002.
- Territorial authorities also have District Plans and bylaw making powers that can be used to address access and availability of alcohol.

Endnotes

- 1 GBD (2016) Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*. 23 Aug 2018. doi:10.1016/S0140-6736(18)31310-2
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- 9 Sanchez-Ramirez, D. C., & Voaklander, D. (2018). The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Injury prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 24(1), 94–100. <https://doi.org/10.1136/injuryprev-2016-042285>
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- 12 Nepal, S., Kypri, K., Tekelab, T., Hodder, R. K., Attia, J., Bagade, T., Chikritzhs, T., & Miller, P. (2020). Effects of Extensions and Restrictions in Alcohol Trading Hours on the Incidence of Assault and Unintentional Injury: Systematic Review. *Journal of studies on alcohol and drugs*, 81(1), 5–23.
- 13 Huckle, T., Huakau, J., Sweetsur, P., Huisman, O., & Casswell, S. (2008). Density of alcohol outlets and teenage drinking: living in an alcogenic environment is associated with higher consumption in a metropolitan setting. *Addiction*, 103(10), 1614–1621.
- 14 Mojica-Perez, Y., Callinan, S., & Livingston, M. (2019). *Alcohol home delivery services: an investigation of use and risk*. Centre for Alcohol Policy Research and Foundation for Alcohol Research & Education.
- 15 Randerson, S., Casswell, S., & Huckle, T. (2018). Changes in New Zealand's alcohol environment following implementation of the Sale and Supply of Alcohol Act (2012). *The New Zealand Medical Journal*, 131(1476), 14–23.
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- 18 Health Promotion Agency (2016) *Attitudes and Behaviour towards Alcohol Survey 2013/14 to 2015/16: Auckland Regional Analysis*. Wellington: Health Promotion Agency
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- 20 Aron, A. & Allen, K. (2021). *Public attitudes on policy interventions to reduce alcohol harm: Results from the 2019/20 Alcohol Use in New Zealand Survey (AUiNZ)*. Wellington, New Zealand: Te Hīringa Hauora/Health Promotion Agency.
- 21 The Act provides for DLCs at the local level and an Alcohol Regulatory and Licencing Authority at the national level. Both the committees and the authority may issue licences and are referred to in this briefing document as 'licensing bodies'.