



**To the Secretariat Justice and Electoral Select Committee  
Select Committee Office  
Parliament Buildings  
Wellington 6011**

**17 February 2011**

**SUBMISSION  
ON THE  
ALCOHOL REFORM BILL**

**OUR DETAILS**

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## **PART A - The Bill in Context**

Alcohol Healthwatch is an independent charitable trust that works to reduce alcohol-related harm. We are contracted by the Ministry of Health to provide a range of services regionally and nationally.

Alcohol Healthwatch is pleased to have the opportunity to respond to the proposed legislation, the effectiveness of the proposals and to offer an evidence-based response to strengthen the role of the legislation in achieving a sustained reduction in alcohol-related harm.

We make this submission based on the national and international evidence base for effective alcohol-harm reduction, and our 20 years of experience in relation to alcohol harm which includes:

- a) Providing public health information and advice on policy, practice and planning to reduce alcohol-related harm at national and local levels
- b) Co-ordinating community action, coalitions and networks on alcohol harm reduction
- c) Raising awareness and building knowledge and skills on the issues and evidence-based interventions to reduce alcohol-related harm
- d) Building a solid evidence and information base, and
- e) Supporting research and evaluation.

Alcohol Healthwatch acknowledges the considerable work that has gone into the review process to-date and in drafting of the Alcohol Reform Bill. Alcohol-related harm is a complex problem that demands an integrated approach underpinned by an effective legal framework. We commend the work of the Law Commission in completing its review of alcohol and liquor laws in our society. This comprehensive work captured the key aspects of alcohol-related harm according to the available evidence, took heed of community concerns and presented well reasoned recommendations for the direction of this Bill. An overall conclusion from this landmark work was that our current liquor laws were not serving their purpose<sup>1</sup>

The burden of harm from alcohol is so great it warrants a new approach, one that offers greater protection and promotion of public health and community safety. Our submission addresses the key issues relating to the Alcohol Reform Bill, as well as matters that are not currently covered in the Bill.

***Alcohol Healthwatch requests the opportunity to make an oral submission at a Select Committee hearing.***

For any queries regarding this submission please don't hesitate to contact us. Further information is available on our website [www.ahw.org.nz](http://www.ahw.org.nz)

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<sup>1</sup> This point was endorsed by the Law Commission in their review report 'Alcohol in Our Lives - Curbing the Harm' (Page 10).

## Alcohol-related harm

It is not our intention in this submission to restate the pervasive and disastrous extent of alcohol-related harm experienced by our people, beyond a brief summary and to highlight new evidence relevant to the point being made. This harm has been thoroughly reviewed and well documented by the Law Commission in its reports – *Alcohol in Our Lives* and *Alcohol in Our Lives - Curbing the Harm*. Suffice to say, alcohol is a neuro-toxin that is also teratogenic and carcinogenic, it increases aggression, is addictive, depletes nutrition and contributes to over 60 preventable diseases.

Alcohol consumption brings with it such a huge health and social burden that any improvement in our policy and legislation must be seen as an investment in harm reduction, rather than a cost.

When the full scope of harm from alcohol is considered, the true scale of the problem is revealed. Alcohol is the most harmful drug<sup>i</sup> (See graph below).

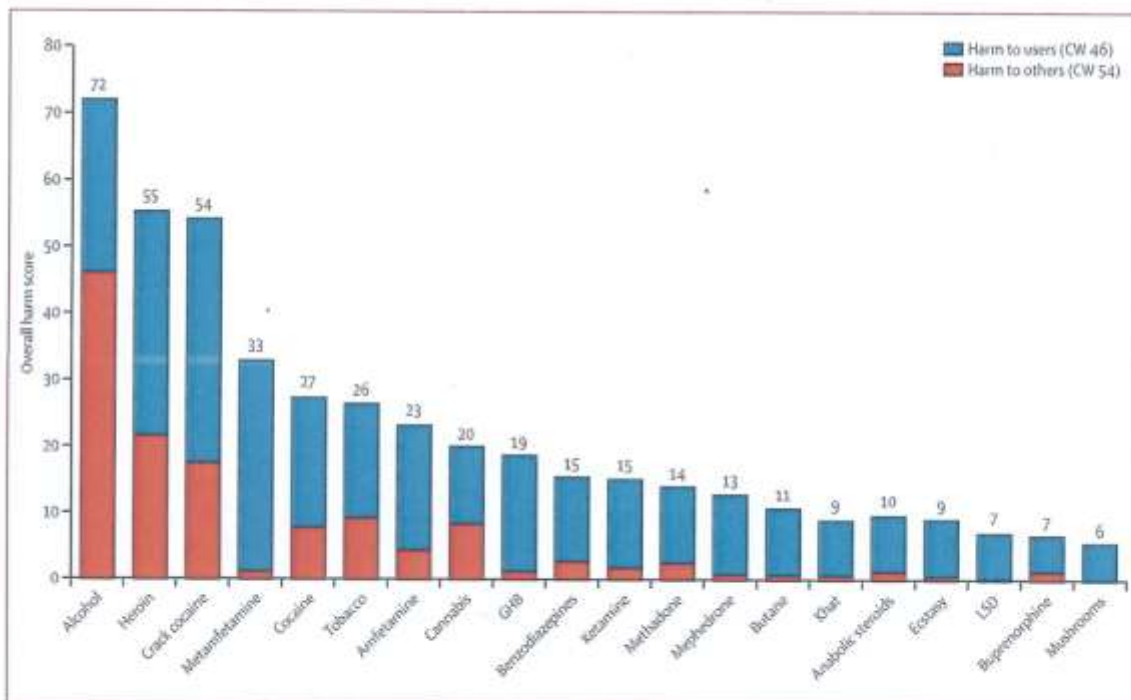


Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others. The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

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In the global context, alcohol contributes to 4.6% of the Global Burden of Disease<sup>ii</sup>. However, according to World Health Organisation, alcohol accounts for 5.5% of the disease burden for the Western Pacific region<sup>iii</sup>. Hazardous alcohol use is estimated to cause 31.5% of all deaths in 15-29 year old men in the developed world<sup>iv</sup>. While young men are our heaviest drinkers, young women are now a recognized risk drinking group in New Zealand.

## **The current legislative approach**

The law as it relates to the sale and supply of liquor has been the primary mechanism through which alcohol is managed in our society. The last major review of alcohol-related laws resulted in the Sale of Liquor Act 1989. There is overwhelming evidence to demonstrate that current legislative and policy controls on alcohol, as established by this Act, do not achieve their stated objectives and in many cases serve to facilitate harm.

Despite the object of this Act being to *...contribute to the reduction of liquor abuse...*, this law has facilitated the following changes directly linked with increasing harmful outcomes:

1. Proliferation of licensed premises (numbers more than doubled)
2. Sales of beer, wine and mead through supermarket/grocery outlets
3. Greater competition leading to lower priced alcohol and heavy discounting
4. Longer opening hours and seven day trading
5. Lowered minimum purchase age
6. Local community input into licensing decisions disabled
7. High exposure to alcohol advertising by young people
8. An upward trend in per-capita consumption over the last decade.

These changes have supported harmful drinking patterns across society, the outcomes of which are well captured in Law Commission's reports. In economic terms these outcomes result in \$5.3 billion dollars a year in health and social costs<sup>v</sup>. In human terms the cost is immeasurable. About 1000 New Zealand lives are lost each year, many of these are in their younger years. Each of these lives represents a tragedy for the family/whanau, the wider community and lost potential for society. Many further lives are traumatized and disabled as a result of drinking.

This burden is not shared evenly. Children, young people, Māori and Pacific Peoples are among those that experience a disproportionate burden of harm.

Young people's binge drinking is not the cause of the problem. Rather it is the result of increased liberalisation of attitude and control of alcohol in society and the normalization of the use of a harmful substance. It is this that requires redress.

**We assert that the law as it stands is acting counter to its object and results in increased harm rather than reduced harm. The Alcohol Reform Bill as it is currently drafted does not sufficiently redress this imbalance.** *Alcohol Health submission to the Law Commission October 2009*

The Law Commission in their final report, *Alcohol in Our Lives - Curbing the Harm*, (page 10), 'regretfully' agreed with Alcohol Healthwatch that the Sale of Liquor Act fails in its basic objective.

Regrettably, Alcohol Healthwatch also believes that the current redrafting of the Act is insufficient to significantly alter that view, despite the Bill noting the importance of this being achieved.

While the Bill includes some positive measures it fails to provide the broader foundation for change needed at this important junction in our nation's development. The review of liquor laws provides us with a golden opportunity to create a new legal foundation that achieves short and medium term harm reduction, and also provides the solid ground from which to leverage the longer term aims of culture change and sustained harm reduction. A vibrant productive country is created by people who are healthy, educated and who feel safe and secure. Given the role of alcohol in undermining these fundamental elements of society, it is essential that measures to reduce its impact are prioritized, and that the best available evidence is used to inform these measures.

### **A global approach**

There is growing recognition worldwide that the alcohol-related harm burden has been under-estimated and inadequately regulated. It is up to Governments worldwide to step up to their responsibility to protect people from the primary and second hand risks presented by this drug.

The World Health Organisation (WHO) is moving to strengthen its member states efforts to reduce the burden of alcohol-related harm with its development of a Global Alcohol Strategy.

There is no doubt that implementing evidence-based changes to alcohol regulation will require political fortitude. New Zealand as a WHO Member State, has the prime opportunity right now to fulfill its obligation as a global citizen by demonstrating leadership and its ability to withstand the influence of a global liquor industry. The available evidence provides a strong mandate to make these necessary changes.

Unfortunately, our experience of the past two decades is that while evidence is often demanded it is rarely acted upon. Now is the time to change this.

New Zealand has been proudly at the forefront of a number of historic social and health changes and our leadership has been recognised and respected. Yet with alcohol we are dragging our heels and waiting for others to act.

It's time again for courage and leadership to be demonstrated.

## **New principals to guide legislative change**

New Zealand's approach to alcohol policy has been piece meal and largely commercially driven rather than being aimed at achieving measurable reductions in alcohol-related harm. What is needed is enabling legislation such as that provided for tobacco control through the Smoke-Free Environments Act. This would:

- Enable effective controls on availability, access and supply, advertising, price, blood alcohol levels
- Enable alignment with and consistency with our national and international obligations such as the Treaty of Waitangi, United Nations Convention on the Rights of the Child
- Enable communities to fully engage in alcohol and licensing decisions
- Enable the application of prevention and protection principles and policies.

**We support the Law Commission recommendation for a change to the Act title to "Harm Reduction Act"**. This title makes clear the legislation's purpose and intent.

A new legislative approach is justified. The degree of harm warrants greater protection and promotion of public health and community safety. Children and young people are particularly vulnerable to the primary and secondary effects of alcohol-related harm and have a right to protection under the law.

Reviewing our laws and developing our capacity and capability to reduce alcohol-related harm, both through legislative and other means, requires a principled approach. Alcohol Healthwatch fully endorses the principles developed by the World Health Organisation (WHO), and included in the *Global Strategy to Reduce Harmful Use of Alcohol*<sup>vi</sup>.

As a WHO Member State, it would be pertinent for New Zealand to develop its response in line with the following World Health Organisation guiding principles for the reduction of alcohol-related harm.

*The protection and preservation of the health of the population by preventing and reducing harmful use of alcohol are a public health priority. The following principles are proposed to underpin the development and implementation of policies at all levels to prevent and reduce harmful use of alcohol. The principles reflect the multifaceted determinants of alcohol-related harm and the complexity of implementing effective interventions.*

*(1) Public policies and interventions to prevent and reduce alcohol-related harm should be based on clear public health goals, and be formulated by public health entities.*

*(2) Policies and interventions should be based on the best available evidence, equitable, and supported by sustainable implementation mechanisms.*

*(3) A precautionary approach that gives priority to public health should be applied in the face of uncertainty or competing interests.*

*(4) Specific consideration should be given to populations at particular risk from harmful use of alcohol, including the effects of harmful drinking by others, in the development and implementation of policies to prevent and reduce harmful use of alcohol.*

*(5) Policies and interventions should be sensitive to different national, religious and cultural contexts, and to trends in prevalence and patterns of drinking.*

*(6) All involved parties have the responsibility to act in ways that do not undermine implemented public policies and interventions to prevent and reduce harmful use of alcohol.*

*(7) Children, young people and people who choose not to drink alcohol should be supported in their non-drinking behaviour and not experience pressure to drink alcohol.*

*(8) Effective prevention, treatment and care services should be available, accessible and affordable for those affected by harmful use of alcohol.*

*(9) Stigmatization of, and discrimination against, groups and individuals affected by harmful use of alcohol should be avoided and actively discouraged in order to improve help-seeking behaviour and the provision of needed services.*

**The World Health Organisation's Global Alcohol Strategy provides a principled and enabling framework on which to base New Zealand's liquor legislation. The protection of children and youth from harm must be a primary consideration.**

### **Applying a comprehensive integrated approach**

We believe there would be benefit in bringing all alcohol-related legislation under one primary Act and/or enabling the object of this new Act to take precedence over others.

We are aware that issues such as excise tax, alcohol advertising, warning labels and blood alcohol concentration for driving sit outside of the current Sale of Liquor Act and the Alcohol Reform Bill. We believe that if all alcohol



legislation is together under one Act (or linked to this Act) it would ensure a common purpose is served.

Some of our current policies give very mixed messages to drinkers and the general public, for example our current legal blood alcohol level for adult drivers (80mg/100mg) allows for substantial amounts of alcohol to be consumed while remaining safe from prosecution. A lower limit, with rigorous enforcement and promotion of the limit would be more consistent with improving awareness of risks associated with alcohol. Despite significant evidence-base and strong public support, the Government has failed to lower this limit.

Alcohol-related harm consumes far too many resources of the Police and other emergency services, displacing and delaying other vital services. If heavy drinkers are to be motivated to moderate their drinking they will need a supportive environment with strong incentives to do so.

Brief and early interventions have been shown to be effective at reducing hazardous drinking in high risk populations and yet this effective tool is under utilised due mainly to the lack of health funding investment in such services<sup>vii</sup>

<sup>viii</sup>

Alcohol warning labeling on products and at point of sale are ways to remind the drinking public that alcohol is no ordinary commodity and care in its use is important. The acute and longer term effects and risks of even moderate drinking, such as those associated with cancer, mental illness, heart disease are not well known.

Strong concern has also been expressed by the public, parents in particular, about the impact of the aggressive proliferation of liquor industry marketing. The evidence is now clearly demonstrating that this inculcates pro-drinking attitudes, increases the uptake of alcohol consumption by children and adolescents, and encourages heavier drinking.

Aggressive and sophisticated marketing techniques ensure that alcohol advertising and promotion pervades every aspect of society. Advertising and sponsorship festoons bill-boards, the backs of buses, accessorises children and youth apparel, surrounds our sports fields, is at the cinema and cultural events, on the radio at all hours and direct markets via text, social networking etc. In short, society is saturated with alcohol marketing and young people are the impressionable target.

It makes no sense politically or economically for Governments to continue supporting the promotion of a product that is a leading cause of preventable harm and cost burden.

**It is the obligation of Parliament to ensure that our laws and other public policies work together to achieve common purpose for the greater public good.**

There are a number of imbalances at work in the current environment:

- Imbalance between the burden of harm attributable to alcohol and the legislative and other policy means used to address this
- Imbalance between the interests of public health and safety and those of commercial interests
- Imbalance between interventions that address the individual's drinking behaviours and those that address the environmental factors.

International evidence supports policies and interventions that target the whole population and address the environmental factors over those that attempt to change the behaviour of the individual drinker. Yet the response in New Zealand has largely been weighted towards the least effective options while freeing up the sale and supply environment.

Self-regulation has been shown to be ineffective. Industry bodies promote the least effective policy options and have lobbied successfully to prevent the introduction of more effective approaches.

**Health and social objectives must take priority in alcohol legislation. Commercial interests, whilst acknowledged and respected, must be secondary.**

We have access to a broad base of evidence on which to make our policy decisions. *Alcohol No Ordinary Commodity, now in its second edition*, provides a reputable summary of this.

The book provides an easy to digest summary of the effectiveness of various interventions. We provide a summary of this book as an appendix.

From this we note that the Law Commission made numerous recommendations that align with the most effective mechanisms. However, the Alcohol Reform Bill does not respond to these recommendations. These include: increasing alcohol taxation, lowering Blood Alcohol Concentration, legal restrictions on alcohol marketing.

Where the Bill does respond to effective interventions the response has been partial in a number of instances, raising questions of efficacy and potential back firing. This includes not requiring national standard restriction of trading hours, introducing a split minimum purchase age, not requiring local council to develop local alcohol policies.

We are also concerned that despite good evidence for their effectiveness, there are not specific mechanisms to routinely require referral to alcohol assessment where problems are evident, and require brief intervention where appropriate.

## **PART B: Specific response to the Bill and recommended changes**

Our approach to the next part of this submission follows the order as presented in the Alcohol Reform Bill. We do not comment on every clause, however we have attempted to correctly number those clauses we do address.

### **Clauses 1, 2, and 4 - Title, Commencement and Object of the new Act and 7 Considering effects of issue or renewal of licence**

#### **Clause 1 Title**

**We recommend** that the new Act resulting from the reforms be called The Alcohol Harm Reduction Act, as recommended by the Law Commission.

We believe this title better reflects the necessary long term commitment to alcohol harm reduction.

#### **Clause 2 Commencement**

**We recommend** that the implementation of the new Act begins immediately follows its Royal assent, rather than be delayed for up to 12 months.

We believe that communities across New Zealand have already clearly articulated to the Law Commission that change is long overdue. They have waited long enough to have the tools to better manage alcohol in their neighbourhoods, and for Government to implement more effective laws to protect our families. Further delay is unsatisfactory.

While we acknowledge that some aspects of the new law may need to be integrated over time the process of integration and application must begin directly following Royal assent.

#### **Clause 4 Object**

**We recommend** that the object of the new Act defer to that recommended by the Law Commission.

The Object proposed in the Bill includes the words "safely", "responsibly" in relation to the sale, supply and consumption of liquor and the words "inappropriate" and "excessive use of alcohol" in relation to the harms that should be minimised.

We believe these words leave the Act open to consistent challenge regarding their interpretation. In the current liberal and normalised environment concerning alcohol there are wide ranging interpretations of alcohol use, many based on personal views as opposed to the evidence-base.

For example we know that the early consumption of alcohol by young people puts them at significant risk of harm and therefore the supply to them would be considered 'irresponsible' in light of the evidence. However, there are

parents who feel pressured to supply or feel that “it’s best to introduce alcohol early in a family environment”, and in doing so believe they are doing the ‘responsible’ thing.

In another example the evidence identifies increased risk of even small amounts of alcohol for a significant proportion of the population, e.g. young people, pregnant women, drivers or operators of machinery, those on certain medications, those with certain medical conditions, those responsible for the supervision of children, alcoholics. These amounts would not be “excessive” or “inappropriate” in general terms however, in context they can very harmful.

The Law Commission specifically included important factors in their recommended object, such as encourage responsible attitudes, delay the onset of young people drinking alcohol, protect and improve public health, promote public safety. Having such public health goals in law will strengthen our efforts to bring about a culture change over time and ensure our policy and planning is focused accordingly.

Alcohol Healthwatch believes that alcohol, as a significant public health challenge and threat, has not been given the priority it warrants. The review process has clearly demonstrated this is so and that it requires a change of approach. Achieving a strong public health focus in our liquor laws will provide the foundation and impetus for that change.

There are a number of important issues that have not been included in the Bill or included in the current Sale of Liquor Act. We see some benefit in bringing all alcohol legislation into a single Act and/or ensuring that alcohol legislation is aimed at achieving the same common object.

**We recommend** that matters such as alcohol tax/price, alcohol marketing be included in the new Act and matters relating to warning labeling, nutritional information and blood alcohol limits for driving be included or at the very least aligned with the new Act so that they are aimed at supporting the object of the primary alcohol Act.

#### **Clause 7 Considering the effects of issue and renewal of licences**

**We support** clause 7, in particular the inclusion of 2(e) (f) and (g) which enable the consideration of the location and density of liquor outlets, and the impact of a licence on the harm of the local environment in licencing decisions.

This is a key concern of communities across New Zealand and it is pleasing to see it addressed.

#### **Clauses 9, 10, 11 Ages**

**Clauses 9/10** introduce a split alcohol purchase age of 18 years for on-license purchase and 20 years for purchase from an off-licence.

We are not aware of any evidence to support the effectiveness of this option. We understand that it may present a compromise to those opposed to returning the purchase age to 20 years in belief that this isn't feasible. However, we see this as a compromise of the health and well-being of our young, and as such unacceptable. Evidence strongly supports an increase in the minimum legal purchase age.

Licensed premises are linked with increased risk of violent offending such as assaults. The split age option is likely to encourage greater patronage of licensed premises by those aged 18 and 19 years, currently our heaviest drinking group. Therefore there could be increased risk of alcohol-related violence and injury in and around licensed premises.

Further experimentation with the health and safety of our young people given their known risks is irresponsible and unethical.

The early onset of drinking is a key risk factor in developing harmful drinking patterns, and evidence points to increased drinking by young people and a lower age of onset of drinking since the age was lowered. According to the Youth 2007 survey<sup>ix</sup>, 61% of secondary school students are currently drinking and 34% are binge-drinking. Using 2009 population estimates this equates to 226,877 12 – 17 year olds currently drinking and 126,456 binge-drinking. The risk this poses to the young people and our health and social systems is both unsustainable and modifiable.

**We recommend** the reinstatement of the legal minimum purchase age to 20 years for both on and off-licences.

**We recommend** the mandatory requirement of age verification for the sale of alcohol.

However, in the event that the purchase age remains at 18 years or the split age option is introduced **we strongly recommend;**

- Making it an offence for any/every person other than a legal parent or guardian who supplies liquor to a person under legal purchase age
- That there is a legal requirement for supervision of consumption of alcohol supplied to those under the legal purchase age by the parent/legal guardian, with appropriate penalties for breaches.

**Clause 11** introduces a new term "buying age". We are unsure as to the reason for introducing yet another term and changing from purchase age given there is no difference in meaning. We believe the term "purchase age" is consistent with international practice.

## **Clauses 12 – 194 Licensing**

### **Clause 14:** Certain messes and canteens exempted

Alcohol Healthwatch believes that all those selling/serving alcohol should be subject to the same laws and conditions.

We commend the move by Parliament to ensure it is not exempt.

There are a significant number of young people employed by the Defence Force, Armed Forces, The New Zealand Police and The New Zealand Fire Service. As stated earlier in this submission, there is evidence that shows that the early onset of drinking is a key risk factor in developing harmful drinking patterns. Allowing these messes and canteens to be exempted from the proposed Act will expose youth unnecessarily to alcohol.

**We recommend** that the Bill be amended to remove exceptions provided for in clause 14.

### **Clause 16** Homestays exempted

As above we believe that those selling/serving alcohol must do so in accordance with the law. Homestays must then either apply for a liquor licence if they chose to sell alcohol to their guests. They would also be bound by the laws relating to supply to minors.

**We recommend** that the exemption for homestays be removed.

### **Clause 17** Kinds of Licence (also relevant to Clauses **32 and 33**)

During our long term engagement with the Last Drink Survey and licensing agencies, clubs were a constant challenge regarding their host responsibility practices. We believe that clubs should have the same requirements as other licensed premises.

**We recommend** that club licences be removed as a licence type and these organisations be required to apply for an on-licence.

We suggest that two basic licence types be would be simple and adequate – on and off-licence.

Special licences can be covered by allowing for short-term and variations to on or off-licences. Costs and conditions can be applied as per the law for these.

### **Clause 21** Off-licences: sale for delivery and sales at a distance

Internet and other delivery sales do appear to present a challenge for ensuring that the person who has purchased/receives the alcohol on delivery is over the legal purchase age, and that the person who purchased the alcohol also have to be the person receiving the alcohol upon delivery.

**We recommend** that the law require mandatory age verification for these sales as for regular on and off-licence sales.

**Clauses 35 - 38** Restrictions on issue of off-licences

Larger retail outlets, such as Supermarkets and large chain stores, and smaller grocery stores present issues in relation to alcohol-related harm.

Supermarkets and large chain stores, due to the sheer volume of their sales, aggressive pricing/discounting strategies and powerful marketing strategies play a dominant and influential role in the off-licence liquor retail environment.

Examples have been observed where supermarket chains have been actively attempting to circumvent the Sale of Liquor Act to include spirits and spirit-based drinks in their range of products. Discount retailer The Warehouse, for example has also achieved a liquor license through the "store within a store" concept. (We note that they have since withdrawn from the liquor retail market). We believe these tactics demonstrate that industry interests pursue commercial gain above all else, and do not hold public health and well-being in high regard.

Supermarkets generally show better compliance with the Sale of Liquor Act in relation to sales to minors, most having more rigorous age verification policies and practices in place. Smaller grocery outlets on the other hand perform less well in relation to sales to minors in Control Purchase Operations and Pseudo-Patron surveys. They also contribute to the issue of outlet density.

We would prefer off-licence sales being confined to dedicated liquor stores only.

**We recommend** that Clause 35 (1) (d) be deleted prohibiting the sale of alcohol from grocery stores.

If Supermarkets continue to sell liquor **we recommend** that separate areas and checkouts are required. This would help to reduce exposure of alcohol promotion/marketing to young people and help to de-normalise drinking.

Failing this, placing limits on the floor area, size and placement of displays within Supermarkets will be necessary.

**We support** clause 38 specifically prohibiting the sale of alcohol from dairies as well as petrol stations, conveyances etc.

**Clause 37** Exception for certain complementary sales

This clause is very broad and open to abuse, particularly in a more restrictive licensing environment. It is our belief that harm reduction would be best served by allowing alcohol sales from specialist liquor stores only, and it

would be advantageous for New Zealand to be working towards that in an effort to denormalise alcohol use.

**We recommend** that clause 37 be deleted.

### **Clauses 44 – 50 Permitted Trading Hours**

We do not support the concept of default national maximum trading hours, allowing extension of these by local alcohol policies. This defeats the purpose of the Law Commission's recommendations on trading hours.

Trading hours are directly linked with alcohol-related harm outcomes - therefore the fewer the hours of trading results in less harm.

Recently published research undertaken by Waikato University in Manukau City links higher density of outlets with longer trading hours. This demonstrates the links between various risk factors, strengthening the need for restrictions to be consistent across risk factors.

National standard trading hours will be a useful measure to offer greater protection for communities who are being impacted by other factors such as socio-economic deprivation.

Local Alcohol Policies may allow for further restrictions of national standard trading hours, but it must be ensured that they are not able to extend trading hours beyond those provided for nationally.

**We recommend** national standard trading hours be adopted, and that these be;

10am – 10pm for off-licences

10am – 2.00am for on-licences

**We recommend** that all on-licences operating from midnight be required to have a risk management plan as a condition of licence which includes the requirement to operate a one-way door policy from midnight.

### **Clauses 46 - 74**

**We support** clauses 46 – 74 in general.

In particular clauses 51-63 requiring the provision of water, food, low and non-alcohol drinks, and help with transportation options; and ensuring that groceries remain restricted to selling beer, mead and wine.

### **Local Alcohol Policies**

**Clause 75** Territorial Authorities may have local alcohol policies

Alcohol Healthwatch supports having a requirement in law for all local authorities to develop and adopt a policy/plan on alcohol, including a policy on controlling the number, density and location of licensed premises, with



involvement from the Police, Licensing Authorities, Medical Officer of Health and other relevant stakeholders including Iwi.

Such a local alcohol policy/plan would be developed in full consultation with community, and identify specific mechanisms for community engagement in the licensing process

A Social/Health Impact Assessment should be carried out by the local authority in partnership with Medical Officers of Health to inform this policy and to identify harm reduction performance measures of the plan.

**We recommend** that Clause 75 be amended to specifically require territorial authorities to develop a local alcohol policy.

Should the resourcing of these be a barrier adequate funding could be made available through an increase in alcohol excise tax and/or licensing fees.

**Clause 77:** Contents of policies

**We recommend** that 77 (1) (d) be amended to read “further restrictions on national standard trading hours”.

This is in alignment with our recommendations relating to national standard trading hours.

**We recommend** that 77 (2) be deleted.

Thus allowing local authorities to restrict licensed activity of special licences should they wish.

**Clause 78** Authorities must first produce a draft

**We recommend** that 78 (2) be amended to include Iwi to align with our obligations under the Treaty of Waitangi.

**We recommend** that 78 (3) be deleted.

This is in alignment with our recommendation that Territorial Authorities are required to have a Local Alcohol Policy.

**We support** in general clauses 79, 80 concerning information required by territorial authority and public notice of draft policy.

However, we note that the availability of adequate information at local level will need to be improved if local alcohol policies are to be well informed and their effectiveness monitored adequately.

**Clauses 81 and 82:** Right of Appeal to licensing authority and consideration of appeal by licensing authority

**We support** the right of appeal as provided by clauses 81 and 82.

However, we do have concerns about the interpretation as to what might be considered “unreasonable” and how this might pose a challenge for the licensing and local authorities. As we have discussed earlier in this submission there are notable differences between the rights and concerns of many community members and many of those with liquor industry and related interests. What might be considered unreasonable by one might be considered reasonable by the other.

We refer back to our comments relating to the wording of object of the Bill.

### **Clauses 83 – 91**

**We support** provisions provided in clauses 83 – 91 for the development of local alcohol policies.

### **Clause 92** Local alcohol policies expire after 6 years

Local Alcohol Policies must serve to reduce alcohol-related harm or at the very least ensure that no increase in harm is occurring if they are to be of value. We believe that ongoing review is necessary to ensure that they are serving their purpose.

**We recommend** that territorial authorities be required to review the effectiveness and progress of their local alcohol policies every 3 years and be required to develop a new one should the current one not be achieving the desired effect.

We also think it would be advantageous that local authorities report on the progress of their local alcohol policies and review outcomes to their constituents through their newsletters or other mechanisms such as websites.

### **Clauses 93 – 138 Licensing process: On-Licences, Off-Licences, Club and Special Licences**

#### **Clause 96** Notification Requirements

**We recommend** that clause 96 be strengthened by adding a requirement that territorial authorities post licence applications to their website, and that residents, businesses and other land users such as schools within a 2 kilometer radius be advised directly by mail.

#### **Clause 97** Objections to applications

**We recommend** that clause 97 (2) be amended to allow an objection to be filed within 15 working days of **final** publication of the public notice.

We continue to wonder just who has a “greater interest” in the application than the public generally, and how one might demonstrate this. Perhaps

some guidance based on advice of the Licensing Authority and previous case law might be made available for guidance to the public.

**We support** clauses 98 – 103, in particular clauses 100 – 103 and sections giving regard to local alcohol policies and allowing authority to refuse a license even if no objection has been filed.

**Clauses 104, 105 and 106** Discretionary conditions and One-way door restrictions

**We recommend** that clause 104 be amended to make it a requirement that conditions in all of the kinds (1) (a) – (f) be specified for on-licences and club licences. In particular we recommend all premises open beyond midnight be required to have a one-way door policy in operation.

**We support** the provisions of clause 105 enabling the use of One-way door restrictions.

**We recommend** that clause 106 be amended to make it a requirement that conditions in all the kinds (1) (a) – (d) be specified for off-licences.

**Clause 109** Restricted and supervised areas

**We recommend** that if and while supermarkets and grocery stores be permitted to sell alcohol that clause 109 is amended to include a requirement that a part of the premises be designated a supervised area for alcohol sales.

All alcohol must be limited to this area and a separate check-out system in operation.

**Clauses 110** Variation, **111- 113** Duration, **114 – 123** renewals.

**We support** provisions of these clauses subject to any relevant comments and recommendations already made regarding new licence applications and the comment below.

We do however have a question as to the meaning and implications of clause 121 (1) and believe there could be a typo-graphical error in the Bill.

**We recommend** that clause 121 (1) read “In considering whether to renew a licence, the licensing authority or licensing committee concerned **must** take into account any inconsistency between a relevant local alcohol policy and (a) the review of the licence; or (b) the consequences of its renewal.”

**Clause 124** Temporary Authorities

It is our understanding that applications for temporary authority are not publically notified. We therefore believe there should be some limit as to the number of times a person may apply for a temporary authority to guard against abuse of this provision.

**Clauses 125 – 138** Special Licences

**We support** provisions of these clauses in general subject to any relevant comments and recommendations already made regarding new licence applications and the comments below.

We believe that special licences should be subject to the same processes and criteria as regular on and off-licence applications. Essentially they are a “temporary” licence. Therefore we suggest that the law might be simplified if “special” licences were dealt with by way of conditions, e.g. allowing a period of time to be specified, or variation of an existing on or off-licence for a limited period of time. This would eliminate the need for a seemingly separate process.

**We support** clause 131 and its provision for additional requirements for large-scale events.

#### **Clauses 140 – 157 Appeals**

**We support** clauses 140 – 157 and the provisions for appeal to ensure natural justice.

#### **Clauses 158 – 194 Licensing Bodies and Fees**

**We support** clauses 158 – 194 and the provisions to establish an Alcohol Regulatory and Licensing Authority and District Licensing Committees.

We particularly endorse the inclusion of clause 179 (5) and (6) which ensures that those with interests in the alcohol industry may not be a member of a District Licensing Committee.

#### **Clauses 195 – 215 Management of Licensed Premises**

**We support** clauses 195 – 198 and 200 – 215 in general subject to any relevant comments and recommendations made elsewhere.

**We recommend** that clause 199 be amended to require Club Licences to have a manager on duty.

#### **Clauses 216 – 264 Enforcement**

We acknowledge that the NZ Police and other statutory enforcement agencies have provided input in reviewing enforcement provisions of the law over time. We are pleased these matters are refined and finally able to be implemented.

**We support** clauses 216 – 264 in general subject to comments and recommendations made below.

**Clause 218** Use of un-licensed premises as place of resort for consumption of alcohol

We are not aware of many cases where the “place of resort” provision has been utilized in recent times. We believe some clarity is required as to the meaning of “place of resort” and how this might differ from a private function

of a legal nature. It appears to us that this clause has provided and may continue to provide enforcement challenges particularly in relation to the evidence required to achieve a successful prosecution.

**Clause 220:** Irresponsible promotion of alcohol.

**We support** the inclusion of clause 220 in recognition of the step it takes towards the establishment of a legal framework and better controls on alcohol marketing.

As we recommend later in this submission we believe that given the level of harm associated with the consumption of alcohol, a consistent harm prevention approach would be to ban all alcohol marketing.

**We recommend** that 220 (1) (b) be amended to "A person commits an offence if, in the course of carrying on a business, that person – (b) promotes or advertises any discounted price on alcohol."

This would allow the retailer/supplier to state the price of a product but not promote on the basis of price.

In addition we again raise issues concerning the interpretation of the word "irresponsible". We consider some reference to the Object of the Act might be a way to clarify the meaning.

**Clause 222** Sale or supply of alcohol to people under buying age on or from licensed premise.

**We recommend** clause 222 be strengthened by deleting (6) (c).

This would mean that the only defence is the sighting of an evidence of age document and that they believed this to be related to the customer, thus encouraging the sighting of an evidence of age document of all young looking people, as is currently practiced by most Supermarket outlets.

**Clause 224:** Supplying alcohol to minors

**We recommend** that 224 (3) (c) be deleted thus making the legal parent or guardian the only legal supplier of alcohol to those under 18 years.

**We recommend** that there is a legal requirement for supervision of consumption of alcohol supplied to those under 18 years by the parent/legal guardian.

Parents are already under enormous pressure to give alcohol to their children without adding further to this via a 'remote' consent option. In a recent focus group study conducted in Mangere, Auckland<sup>x</sup>, the ready availability of alcohol influences some parents' decision to supply alcohol to young people as an alternative to their children accessing alcohol in uncontrolled situations. The parents did not believe anyone else should be allowed to supply alcohol to their children without their permission and acknowledged the difficulties of

supervision. They called for positive support for decisions not to supply alcohol to young people.

New research from Australia (Deakin University, Unpublished 2011 [www.adf.org.nz](http://www.adf.org.nz)), shows that children who are supplied alcohol by people other than parents are up to 6 times more likely to binge drink.

We see no good reason to introduce a system that enables anyone other than a legal parent or guardian to supply alcohol to a minor. In fact it could serve to maintain the existing social norms that we attempting to change.

The proposed parental consent to supply not only fails in its duty to protect youth from alcohol-related harm, its application in practice would be problematic from a number of standpoints as follows:

- a) It would be a system open to abuse. Many underage drinkers have already demonstrated a willingness to falsify identification in order to purchase alcohol. Forging a parent's signature on a note would be much simpler for a young person determined to drink.
- b) Without explicit legal requirement to do so, it is unrealistic to expect other people to cite, verify and continue to monitor consumption of minor at a social function who have consent to drink and distinguish these from those who don't.

As already noted by the Minister of Justice Simon Power, this law may be difficult to enforce. Alcohol Healthwatch agrees and believes the law relating to social supply to minors needs to be clear and enforceable for all concerned. That cannot be achieved unless the law states that *only* parents or legal guardians can supply alcohol to their own children under the legal guardian age of 18.

For the above reasons we do not support the inclusion of Clause 224 3(c).

We agree that parents/legal guardians need to be accountable for ensuring responsible supply and supervision of alcohol to their children. However, parents need support through education in the importance of delaying the onset of drinking for as long as possible for their child, and when providing alcohol how best to moderate and supervise the occasion. Again we see the role of health promotion and community action as being key to facilitating this.

**Clause 225** Employment of minors and **Clause 227** Minors in Restricted areas or supervised areas

We are not supportive of minors working in licensed premises and selling alcohol in Supermarket/Grocery stores. We do however acknowledge that these do provide employment options for young people.

**We recommend** that clause 227 (4) (d) be deleted.

This at least means young people are not selling alcohol. Our recommendation that Supermarkets/Groceries are returned to being alcohol-free, or at least required to keep alcohol in one separate area, would mean young people could continue to work at these retail outlets.

#### **Clauses 226, 228 – 264**

**We support** in general these clauses and make the following comments.

“Intoxication” has always provided a challenge for enforcement agencies as it is a subjective term. It appears to us that this may continue until case law is determined.

#### **Clause 237** Spirits in vessels exceeding 500ml

**We recommend** that consideration be given to requiring alcohol to be served in 1- 1.5 standard unit servings at on-licences.

#### **Clauses 265 – 284 Other Enforcement Provisions**

**We support** clauses 265 – 284 in general and make the following comments and recommendations.

#### **Clauses 274 and 275** Cancellation of licence and manager’s certificate

We are aware that the level of enforcement resources required to adequately monitor the performance of over 14,000 licensed outlets is significant. Therefore we believe that much offending goes unnoticed. It is highly unlikely that three convictions would be processed in three years.

**We recommend** clauses 274 and 275 be amended to require automatic suspension of licence and manager’s certificate respectively after two holdings within five years.

This better reflects the seriousness of offending and serves to avoid unnecessary processing.

**We particularly support** clause 280 and the requirement of collaboration by enforcement agencies.

#### **Clauses 285 – 381 Licensing and Community Trusts**

We are supportive of licensing trusts and their exclusivity. There are robust structures around their establishment and operation.

#### **Clause 292** How licensing trust may spend profits

We would like to see licensing trusts be required to spend their profits on alcohol-harm reduction efforts supporting the achievement of the object of the law and national health policy objectives.

**We recommend** that clause 292 include a specific requirement that the reduction of alcohol-related harm be the primary purpose of spending Trust profits.

We are concerned that the structures for Community Trusts are less robust and that there are no barriers to those with liquor industry interests being members. We are also aware of numerous reports of failings of these Trusts in the public media.

We suggest discussions with various interest groups be had about the future of Community Trusts and how they can better serve the best interests of the public.

### **Clauses 382 – 399 Other Matters**

**Clauses 382 and 383** Regulations and Regulations banning or restricting certain products.

**We support** clauses 382 and 383 and the new powers they enable to ban and restrict certain products.

**Clause 384:** Point of sale information regulations

**We support** clause 384 and its requirement of information at point of sale on the harmful effects of alcohol.

**We recommend** that the Ministry of Health be responsible for ensuring that the information provided at point of sale is correct and of a consistent standard.

Evidence supports the use of warning labels on alcohol to raise awareness of the risks associated with use. This is an essential step towards behaviour change and act as a supportive strategy to other interventions.

Also, as pointed out in the World Health Organisation Regional Office for Europe paper (2009), *"Although warning labels have little impact on behavior, they are important in helping to establish a social understanding that alcohol is a special and hazardous commodity."*<sup>1</sup>

Graphic warning labels have been a key tool in the international efforts to reduce the burden of tobacco.

**We recommend** that urgency is placed on requiring health warning labels and nutritional information on alcohol products to support the effectiveness of introducing information at point of sale. (Also see Section C)

**Clauses 385 - 388** Fees

**We support** fees being set to recover the costs of the licensing process.



### **Clauses 400 – 416 Amendments to other Acts**

We recognise that most of these clauses are “house-keeping” to ensure the new Act works with existing legislation.

**We support** the continued ability of Local Government to make bylaws for alcohol control purposes as provided for in **clause 402**.

**We support** the inclusion of “or in a vehicle in any public place” as provided for in **clause 415** Drinking in public place.

Many of New Zealand’s public places present increased risk of harm, particularly in relation to roads (road crash), beaches, coastline, lakes and rivers (falls and drowning), events, gatherings in streets, school grounds, parks and reserves, (violence, injuries from broken glass). Drinking in public also serves to present a model to young people that drinking is a necessary part of everyday life.

We recognise that some New Zealanders would currently consider a total ban on drinking in a public place unacceptable. However, we do believe some discussion on this is warranted.

For example, should drinking in public be banned, communities could identify particular exemptions to such a restriction through their Local Alcohol Plan. They may for example chose to free up certain public spaces for particular events/activities subject to risk management conditions being met.

The current approach to liquor bans seems variable and inconsistent across the country. Liquor bans can also push drinking into other areas of the community, sometimes more isolated areas, therefore presenting even greater risks.

## **Part C. Matters not addressed by the Bill**

The following issues that are critical to reducing alcohol-related harm in New Zealand have not been addressed by the Bill. We ask that the Select Committee and Parliament give these matters serious attention and support the evidence-based recommendations made.

### **Product labeling, content and serving sizes**

**We recommend** the requirement of:

- Health warning labels on alcohol products
- Nutritional information, ingredients and energy content to be listed on alcohol products
- Health warnings on any permitted alcohol advertising and/or sponsorship and signage at the point of sale
- Discontinuation of the sale of caffeinated alcohol products in New Zealand
- A specified limit on the alcohol content of spirit-based ready to drink alcohol products of 5% and serving size of 1.5 standard drinks.

### **Alcohol product health & safety warnings**

Currently, the public health and safety measures relating to alcohol products are insufficient and far less stringent than for other food products on the market. We support alcohol being regulated as a specific controlled substance like tobacco. However, pragmatically we accept that for the time being alcohol comes under the auspices of the Food labelling regime, the Food Standards Australia New Zealand (FSANZ). If liquor is to remain a 'food' it must be regulated far more stringently than other produce, since alcohol is no ordinary commodity, it is a drug and must be controlled according to its harm status, not its food status.

Key recommendations regarding alcohol have been of the Independent Panel reviewing Food Labelling Policy and Regulation in Australia and New Zealand, in their report entitled 'Labelling Logic' to the Ministerial Council on Food Standards<sup>xi</sup>. While not addressing all concerns raised about alcohol as a food, to their credit they recommend much more stringent rules for labelling of alcohol as follows:

*"The Panel further believes that there are compelling reasons for applying labeling changes to alcohol in the light of the growing evidence relating to the short- and long-term adverse health effects of alcohol consumption. The Panel therefore recommends that a suitably worded warning message about the risks of consuming alcohol while pregnant be mandated on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages [25]; that the energy content be displayed on the labels of all alcoholic beverages, consistent with the requirements for other food products [26]; and that drinks that are mixtures of alcohol and other beverages comply with all general nutrition food labeling requirements [27]."*

The Panel also recommended (24) that a generic alcohol warning messages be placed on alcohol labels, but only as an element of a comprehensive multifaceted national campaign targeting the public health problems of alcohol in society. We believe the level of harm and general ignorance of that harm among the public warrants the generic warning being enacted first, closely followed by a public education campaign to bed in the message.

As previously discussed graphic warning labels have been a key tool in the overall international efforts to reduce the burden of harm for tobacco and agree there are compelling reasons to do similar for alcohol. We therefore strongly urge the New Zealand Government to support these recommendations through their representation on the Ministerial Council by the Minister of Food Safety.

### **Ready to drink products**

Alcohol Healthwatch believes there is also good reason to limit the alcohol content in Ready to Drink products (RTDs). These products are purpose designed, coloured and flavoured to appeal directly to the unsophisticated palate of young drinkers. Since their introduction the alcohol content of many these beverages have increased some now having an alcohol content of 12%. These actions are irresponsible on the part of an industry and would indicate they care little about the outcome for their young target market and it is reasonable to regulate the product. We recommend that the alcohol content of RTD should not exceed a maximum of 5% alcohol by volume.

Other RTDs have been caffeinated. This masks the effects of intoxication in the drinker which has been described as 'wide awake drunk'. According to the Food and Drug Administration in the USA, these alcoholic beverages have led to preventable poisonings, injury and violence and they have been recalled for sale. We recommend the New Zealand Government follow the lead of the USA Food and Drug Administration in banning caffeinated alcohol products from sale as an 'unsafe product'.

### **Excise tax**

#### **We recommend:**

- A significant overall tax increase be applied to help deter risky drinking and better reflect the cost to society of addressing alcohol-related harm
- A greater proportion of the revenue generated from alcohol excise taxation be allocated to a specified budget for evidence-based, co-ordinated harm prevention strategies, law enforcement, research and treatment
- The current alcohol excise system be changed to one based on the actual alcohol content in beverages (volumetric), to remove current anomalies and encourage production of lower priced beverages

- A regulatory power to impose specific taxes on products associated with increased levels of harm e.g. RTDs/Alcopops, should other measures above not address this.

The Law Commission recognised the use of excise tax as an effective means to reduce harm. In fact taxation is one of the most cost-effective tools we have to achieve alcohol-harm reduction, and one that is not well utilised currently in New Zealand.

Increases in price are shown to effectively reduce drinking by the young, reduce the amount of alcohol consumed per occasion and stop or slow drinkers from progressing from moderate to heavy, heavy to heavier drinking. All alcohol-related harms can be reduced by utilizing pricing strategies. They also have no impact on non-drinkers and lower impact on the moderate drinker.

In introducing a volumetric system it must be ensured that any production cost benefits, such as those for spirits are managed to ensure that the retail price does reflect the alcohol volume.

### **Pricing**

#### **We recommend that:**

- Price be regulated by introducing a minimum price per unit of alcohol
- Prohibit giveaways and prizes of alcohol and promotions that create any incentive to buy/consume alcohol
- Require the Licensing Authority to take into account past retail practice in licensing decisions and require liquor licencees to supply data
- Prohibit advertisements containing price discounts of alcoholic beverages

According to models developed by the University of Sheffield, setting a minimum price per standard drink substantially reduces alcohol-related harm<sup>xii</sup>. A minimum price of 90 cents would reduce drinking levels by approximately 7 percent significantly reducing hospital admissions, alcohol related crime and criminal damage. Drinkers affected the most by the price increases modeled are the chronic harmful drinkers, while hazardous drinkers are affected less, and moderate drinkers are hardly affected. This contradicts the view of the alcohol industry which maintains heavy drinkers do not respond to price increases. It also exposes their argument that it is unfair to "penalize" moderate drinkers. The study also models the impact of bans on discounting alcohol in packaged liquor (off-premises) venues such as bottle shops, liquor barns and supermarkets. A ban on discounts would reduce overall alcohol consumption by 3% with reductions in crime (especially among young people) and improvements in health conditions. A combination of the discount bans with a minimum price would increase the gains.

## **Advertising options**

### **We recommend:**

- Banning all advertising of alcohol in all media
- Banning all alcohol industry sponsorship
- And requiring prominent and specific warning statements to accompany any permitted alcohol advertising.

### **Comments**

Liquor industry and associated commercial interests argue that the current self-regulatory regime works well. The question is what is it working well to achieve? Or whose interests does it serve?

The current system is largely based on content matters and does not adequately respond to the issues of exposure and placement. The complaints-based system ensures that exposure to offending material continues until the complaint is addressed.

Perhaps the following quotes from young people will help to reveal the true picture.

*"I was just like yes Smirnoff Blue, Smirnoff Blue, I'm going to get so wasted tonight. I was in the taxi and I was like passing it back to see if anyone wanted it, and everyone was no screw that shit, and I had it straight. I was just like going, oh you guys are just pussies." (Ed, 17 years).*

*"At the Lion Red fishing contest... you see like slaughtered people, absolutely trolleyed and it's just awesome." (Mark, 15 years).*

*"This is not helping me in the future but... there's nothing else to do and I'm just.. I really want to have a good time for now, I don't really care about the consequences until they come..." (Emily, 15 years).*

These quotes come from youth participating in a study undertaken by Tim McCreanor and others from Whariki Research Group, Massey University 2006<sup>xiii</sup>. They make it clear that alcohol marketing is not just about branding – it is about identity, about intoxication, and it's about recruiting young drinkers.

We believe that it is socially irresponsible to allow marketing of a drug that causes significant and unacceptable levels of harm to individuals and society. We do not believe it is possible to effectively protect young people from the influence of alcohol advertising/marketing other than through banning it.

Failing a ban on all alcohol advertising and sponsorship we suggest that the French model (Loi Evin) offers an alternative. This must be managed by an independent health authority.

We also support the establishment of an alternative source of funding for alcohol sponsorship from alcohol excise tax.

### **Transport/Road Safety**

**We recommend** that we aim for a zero tolerance approach to drinking and driving.

**We support** the Government move towards zero tolerance for drivers under age of 20 and the enabling of the introduction of alcohol ignition locking devices.

**We recommend** that

- The legal blood alcohol limit for drivers 20 years and over is lowered to 50mg alcohol/100mls blood (0.05).
- All convicted drink drivers are referred to an alcohol use assessment and offered an appropriate intervention or treatment programme
- Introduction of a legal blood alcohol limit for a person in charge of a pleasure craft e.g. yacht.

To ensure the effectiveness and maximum impact of this change it must be accompanied by continued rigorous enforcement, community road safety programmes and public advertising of the risks of drink-driving and the law relating to it.

### **Treatment**

**We recommend:**

- Increased treatment opportunities for heavy drinkers and dependent drinkers
- Provision of centres for temporary supervision for individuals who are not charged with an offence but pose a significant concern to their own or others' safety or health
- Require the need for alcohol and other drug assessment and treatment to be taken into account during sentencing in cases where alcohol and other drugs may have contributed to the offending
- Develop the workforce capacity and capability to ensure assessment, referral and brief interventions can be delivered by appropriate professionals across a range of health and social sectors. Funding to be drawn from excise tax increase
- Identification of treatment and intervention gaps and the development of a optimal level plan to address these and resource the implementation of this plan

- Increase Maori specific treatment services and interventions
- Increase treatment and interventions responsive to high risk population groups
- Funding of primary care providers to deliver screening, brief and early interventions and referral to specialist treatment
- Develop use of electronic screening and brief interventions in a range of settings
- Develop and implement a framework for integrated treatment delivery that is family/whanau focused with community intervention support
- Better monitoring of the prevalence of alcohol use disorders and the delivery of screening, brief interventions, and referrals in primary care and emergency departments.
- Early intervention options are available at secondary schools in order to pick up problem drinking earlier.

Treatment must not be seen as separate to other harm prevention efforts, rather as an essential part of a continuum. We must seek to provide alternative pathways to healing, ones that may sit outside of our traditional medical and treatment systems, and draw on community and cultural values.

We must also aim to reduce the burden on and need for treatment services through other preventive action.

As discussed, electronic brief interventions are effective in reducing harmful drinking. We strongly emphasise the need for these to be introduced nationally and sustainably funded.

Treatment depends upon the ability to identify and diagnose a problem. Fetal Alcohol Spectrum Disorder is an obvious unmet need in this regard in New Zealand.

Through our co-ordination of the national network – Fetal Alcohol Network New Zealand (FANNZ) we receive many calls of desperate parents and caregivers of affected children and adults who are unable to gain access to appropriate services.

## **PART D: SUMMARY AND RECOMMENDATIONS**

### **Summary**

We assert that the law as it stands is acting counter to its object and resulting in increased alcohol-related harm rather than reduced harm.

What is needed now is principled and enabling approach to new legislation and public policy in relation to alcohol:

In taking a principled approach to new law and future planning, there is an imperative to recognise the relationship between the Crown and Māori, and bring to bear the principles of the Treaty of Waitangi.

A Whanau Ora assessment of new law and policy for its potential to promote and protect the health of Māori is supported.

A new law must specify its intent to reduce alcohol-related harm, and an object to control of exposure to alcohol marketing and promotion.

We highlight the need to recognise the rights of children to safety and protection.

An evidence-based approach to reducing alcohol-related harm involves identifying and applying the optimal mix of policies and strategies. This will include policies and interventions that target the population as a whole and focus on changing the drinking environment, and those that target vulnerable high risk drinkers or settings.

Industry self-regulation does not feature in an evidence-based approach.

It is no longer valid or acceptable to factor health benefits into law and policy making, nor is it acceptable to leave New Zealand drinkers uninformed about the risks they are taking by consuming alcohol.

Health and social objectives must take priority in alcohol legislation and commercial interests must be secondary.

New Zealand must utilise the full scope of law to support a change to our harmful drinking culture. It must be acknowledged that due to the normalisation of alcohol many people will need to be persuaded and motivated towards accepting a more restrictive environment and modifying their drinking behaviours.

We must also demonstrate leadership in the Pacific region.

Community action and mobilization strategies to reduce alcohol-related harm are effective interventions, and currently under-utilised and under-funded in New Zealand. These would be complementary strategies to those enabled by law, and help communities to understand the law and engage in it to maximize their safety and well-being.

Educative approaches are better utilized in building support for, uptake of and compliance with effective policies and interventions to reduce harm.



It must be ensured that our laws and other public policies, work together to achieve common purpose for the greater public good.

We urge the Select Committee to accept the challenge and confidently present to Parliament an evidence-based response to the issue of alcohol-related harm, and in so doing help to set a new blue print for a healthier, safer and more prosperous New Zealand.

**The time for change is NOW. The time for courage and leadership is NOW.**

### **Recommendations**

**We recommend** that the new Act resulting from the reforms be called The Alcohol Harm Reduction Act, as recommended by the Law Commission.

**We recommend** that the implementation of the new Act begins immediately follows its Royal assent, rather than be delayed for up to 12 months.

**We recommend** that the object of the new Act defer to that recommended by the Law Commission.

**We recommend** that matters such as alcohol tax/price, alcohol marketing be included in the new Act and matters relating to warning labeling, nutritional information and blood alcohol limits for driving be included or at the very least aligned with the new Act so that they are aimed at supporting the object of the primary alcohol Act.

**We recommend** the reinstatement of the legal minimum purchase age to 20 years for both on and off-licences.

**We recommend** the mandatory requirement of age verification for the sale of alcohol

**We recommend** that the Bill be amended to remove exceptions provided for in clause 14.

**We recommend** that the exemption for homestays be removed.

**We recommend** that club licences be removed as a licence type and these organisations be required to apply for an on-licence.

**We recommend** that the law require mandatory age verification for these sales as for regular on and off-licence sales.

**We recommend** that Clause 35 (1) (d) be deleted prohibiting the sale of alcohol from grocery stores.

**We recommend** that clause 37 be deleted.

**We recommend** that national standard trading hours be adopted, and that these are;

10am – 10pm for off-licences

10am – 2.00am for on-licences

**We recommend** that all on-licences operating from midnight be required to have a risk management plan as a condition of licence which includes the requirement to operate a one-way door policy from midnight.

**We recommend** that clause 75 be amended to specifically require territorial authorities to develop a local alcohol policy.

**We recommend** that clause 77 (1) (d) be amended to read “further restrictions on national standard trading hours”.

**We recommend** that clause 77 (2) be deleted.

**We recommend** that clause 78 (2) be amended to include Iwi to align with our obligations under the Treaty of Waitangi.

**We recommend** that clause 78 (3) be deleted.

**We recommend** that territorial authorities be required to review the effectiveness and progress of their local alcohol policies every 3 years and be required to develop a new one should the current one not be achieving the desired effect.

**We recommend** that clause 96 be strengthened by adding a requirement that territorial authorities post licence applications to their website, and that residents, businesses and other land users such as schools within a 2 kilometer radius be advised directly by mail.

**We recommend** that clause 97 (2) be amended to allow an objection to be filed within 15 working days of **final** publication of the public notice.

**We recommend** that clause 104 be amended to make it a requirement that conditions in all of the kinds (1) (a) – (f) be specified for on-licences and club licences. In particular we recommend all premises open beyond midnight be required to have a one-way door policy in operation.

**We recommend** that clause 106 be amended to make it a requirement that conditions in all the kinds (1) (a) – (d) be specified for off-licences.

**We recommend** that if and while supermarkets and grocery stores be permitted to sell alcohol that clause 109 be amended to include a requirement that a part of the premises be designated a supervised area for alcohol sales.

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**We recommend** that consideration be given to requiring alcohol to be served in 1 – 1.5 standard unit servings at on-licences.

**We recommend** clauses 274 and 275 be amended to require automatic suspension of licence and manager’s certificate respectively after two holdings within five years.

**We recommend** that clause 292 include a specific requirement that the reduction of alcohol-related harm be the primary purpose

**We recommend** that the Ministry of Health be responsible for ensuring that the information provided at point of sale is correct and of a consistent standard.

**We recommend** that urgency is placed on requiring health warning labels and nutritional information on alcohol products to support the effectiveness of introducing information at point of sale.

**We recommend** the requirement of:

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- Nutritional information, ingredients and energy content to be listed on alcohol products

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- And requiring prominent and specific warning statements to accompany any permitted alcohol advertising.

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**We recommend** that

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- Require the need for alcohol and other drug assessment and treatment to be taken into account during sentencing in cases where alcohol and other drugs may have contributed to the offending
- Develop the workforce capacity and capability to ensure assessment, referral and brief interventions can be delivered by appropriate professionals across a range of health and social sectors. Funding to be drawn from excise tax increase
- Identification of treatment and intervention gaps and the development of a optimal level plan to address these and resource the implementation of this plan
- Increase Maori specific treatment services and interventions
- Increase treatment and interventions responsive to high risk population groups
- Funding of primary care providers to deliver screening, brief and early interventions and referral to specialist treatment
- Develop use of electronic screening and brief interventions in a range of settings
- Develop and implement a framework for integrated treatment delivery that is family/whanau focused with community intervention support
- Better monitoring of the prevalence of alcohol use disorders and the delivery of screening, brief interventions, and referrals in primary care and emergency departments.
- Early intervention options are available at secondary schools in order to pick up problem drinking earlier.

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