Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

Submission on the Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill

By the Mental Health Foundation of New Zealand

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Email to: justice@parliament.govt.nz
Justice Committee

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Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tangata
Tihei mauri ora.

He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
E ngā rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Hauora Hinengaro.

Introduction

Thank you for the opportunity to provide a submission on the Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill (the Bill).

The Mental Health Foundation of New Zealand (the MHF) is an independent voice for better mental health. Our work includes promoting everyday actions that lift mental wellbeing, providing tools that support people through tough times, and advocating for a better mental health system and society.

Overall, the MHF opposes this Bill, as many provisions are likely to increase alcohol availability and subsequent alcohol-related harm in Aotearoa New Zealand.

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The MHF's position on alcohol

The MHF supports a stricter regulatory approach to the sale and supply of alcohol as part of an effective response to preventing mental health and addiction challenges and promoting wellbeing in Aotearoa New Zealand.

Directly and indirectly, alcohol has an extensive influence on poor mental wellbeing, mental distress, and suicidal behaviour. One in six adults in Aotearoa New Zealand consume alcohol in a way that is considered high risk,[1] with harms falling disproportionately on Māori,[2] Pacific peoples,[3] poorer communities,[4] and people already living with mental distress.[5] In economic terms, alcohol-related harms are estimated to cost Aotearoa New Zealand $9.1 billion per year, with $3.1 billion due to "non-disordered" drinking.[6]

Internationally, one in five suicide deaths can be attributed to alcohol use,[7] and higher population consumption patterns tend to be associated with higher suicide rates.[8] This is pronounced in Aotearoa New Zealand, where acute alcohol use has been identified in almost 27% of adult suicides.[9]

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[1] Ministry of Health. (2025). *Annual Data Explorer 2024/25: New Zealand Health Survey.*
[2] New Zealand Law Commission. (2010). *Alcohol in our Lives: Curbing the Harm: A report on the review of the regulatory framework for the sale and supply of liquor*.
[3] Ataera-Minster, J., Guiney, H., & Cook, S., for the Health Promotion Agency. (2020). *Taeao Malama: Alcohol use in Pacific peoples. Results from the New Zealand Health Survey and Attitudes and Behaviour towards Alcohol Survey*.
[4] Huckle, T., You, R.Q., & Casswell, S. (2010). Socio-economic status predicts drinking patterns but not alcohol-related consequences independently: Socio-economic status and drinking and related consequences. *Addiction*, *105*: 1192–202.
[5] Cobiac, L., & Wilson, N. (2018). *Alcohol and mental health: a review of evidence, with a particular focus on New Zealand*.
[6] NZIER. (2024). *Costs of alcohol harms in New Zealand: Updating the evidence with recent research. A report for the Ministry of Health*.
[7] World Health Organization. (2014). *Preventing suicide: a global imperative*.
[8] Norström, T., & Rossow, I. (2016). Alcohol Consumption as a Risk Factor for Suicidal Behavior: A Systematic Review of Associations at the Individual and at the Population Level. *Arch Suicide Res*, *20*: 489–506.
[9] Crossin, R., et al. (2022). Acute alcohol use and suicide deaths: an analysis of New Zealand coronial data from 2007-2020. *N Z Med J, 135:* 65–78.

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These harms are preventable. Globally, there are hundreds of studies demonstrating that alcohol harm can be prevented and minimised through a small number of feasible, cheap, and culturally acceptable policy interventions.[10] Increasing alcohol prices, reducing alcohol availability, and controlling alcohol advertising, promotion, and sponsorship are consistently shown to be effective in reducing per capita alcohol consumption and harm, reducing rates of hazardous drinking and heavy episodic (binge) drinking, reducing suicidal behaviour and suicide rates, and improving public health overall.[11]

Throughout the past 16 years, successive governments have been presented with local analyses reinforcing this evidence, accompanied by a suite of policy recommendations to prevent harm and protect public health. These include *He Ara Oranga*, the report of the 2018 Inquiry into Mental Health and Addiction, the Health Promotion Agency's 2022 report *Te Tiriti o Waitangi and alcohol law*, the 2014 *Ministerial Forum on Alcohol Advertising and Sponsorship*, the 2014 Ministry of Justice report on the effectiveness of alcohol pricing, and the 2010 Law Commission report on the review of regulatory framework for the sale and supply of liquor. The MHF has continually advocated for reforming the Sale and Supply of Alcohol Act 2012 (the Act) to implement the recommendations of these reports, most recently in our 2025 position statement, *Protecting Aotearoa's mental wellbeing through effective alcohol policy* (co-authored with Alcohol Healthwatch).

Feedback on the Bill

The MHF's brief comments and recommendations for the Bill, grounded in the above position and evidence, are provided below. Overall, we oppose this Bill, as most of its provisions will directly increase the availability of alcohol while restricting the ability of communities to intervene. This undermines public health evidence on effective means to reduce alcohol-related harm and the object of the principal Act.

[10] World Health Organization. (2024). *Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases*.
[11] Kõlves, K., et al. (2020). Impact of Alcohol Policies on Suicidal Behavior: A Systematic Literature Review. *Int J Environ Res Public Health, 17*: 7030.

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The MHF does support the new requirements relating to the rapid delivery of alcohol by remote sale and recommends that the scope of these changes be widened.

The Bill proposes a wide range of amendments of varying complexity. As the MHF is not an expert in preventing and minimising alcohol-related harm, our submission responds to the amendments we believe carry the most obvious or significant risks. For a more detailed and well-informed perspective, we recommend the Justice Committee refer to the submissions of expert advocates such as Alcohol Healthwatch and Hāpai te Hauora, as they hold significant knowledge and expertise on alcohol-related harm, as well as first-hand experience of the specific processes referred to in this Bill.

Restrictions on objections (clauses 4 to 7)

The MHF does not support the proposal to restrict objections to licensing applications to persons residing or having an office in the district or within one kilometre of the premises.

As stated in our 2023 submission on the Community Participation Amendment Bill, we believe there are individuals, community groups and other entities outside these criteria who may have a legitimate interest in an area, such as through whānau or other social connections, education, work, or faith. These restrictions would potentially exclude parents living in separate districts but sharing custody of a child, and people living rurally (more than one kilometre from any premises), for example, from objecting to licensing applications that may genuinely impact them.

We are especially concerned that Māori groups and individuals with whakapapa or other ties to areas beyond their residence will be excluded from participating in community decisions about alcohol. This would be inconsistent with Te Tiriti o Waitangi, and unreasonable given the disproportionate amount of alcohol-related harm experienced by Māori.

Allowing objections from anyone is particularly important for off-licences, where the alcohol is taken and consumed elsewhere. Off-licences have a much larger radius of harm compared to on-licences, and are even able to rapidly deliver nationwide. It

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is unfair to allow any off-licence to sell alcohol across the country while restricting objections to the local district.

There is no evidence to suggest that licensing processes are "held up" by allowing anyone to object. Since the Community Participation Amendment Act was introduced, objections from outside the local district have been very rare and almost always accompanied by objections from within the district, meaning hearings would need to be held anyway.[12] Under section 202(2)(b) of the current Act, licensing authorities and committees can dismiss or give less weight to objections they believe to be irrelevant or vexatious. Internationally, several comparable jurisdictions[13] allow anyone to object to an alcohol licence without any obvious sign of adverse impact.

Right to respond to objections (clauses 8 to 15)

The MHF does not support a formal right of reply for licence applicants.

We believe these provisions are unnecessary, will delay the hearing process by up to 15 additional working days, and reintroduce the risk of intimidation that the Community Participation Act attempted to deal with (by removing cross-examination).

The current Act provides sufficient mechanisms to scrutinise objections and for applicants to respond to objections and licensing decisions. These include section 202(2)(b) mentioned above, as well as the hearing process in which a right of reply is often already provided for (because applicants usually get a last say to respond to any arguments made in the hearing). If applicants are dissatisfied with a licensing decision, they can appeal to the licensing authority against the decision or any part of the decision.

[12] See, for example, in Auckland: Alcohol Healthwatch. (2025) *Analyzing the myth of 'vexatious' alcohol objections*.

[13] E.g., the United Kingdom, Scotland, and some states of Australia.

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Renewal of licences (clause 16)

The MHF does not support requiring licensing committees to change licensing conditions rather than decline a renewal application if the licence is inconsistent with a local alcohol policy (LAP).

This change would significantly undermine the purpose of LAPs, which are meant to represent the community view on provision of alcohol in an area. The ability to decline a renewal application is one of the only mechanisms available to communities to address the oversaturation of licences in high-risk areas, and it is important this is retained.

Under the existing Act, section 133(b) already provides the option for licensing committees to impose conditions that would make the licence consistent with the LAP. The option to decline a licence renewal is very rarely used and is intended for extreme circumstances where imposing conditions would still not meet the requirements of the LAP (for example, where a new school is built next to an alcohol outlet in a district with an LAP that does not allow alcohol outlets near schools). Even if a licence renewal is declined, businesses are free to adjust their circumstances and reapply. This system is not unreasonable to businesses and reflects the fact that selling alcohol is privilege rather than a right.

Clubs without club licence permitted to hold on-licence (clauses 17 to 18)

The MHF opposes permitting clubs to hold on-licences.

Compared to on-licences, club licences have a smaller effect on alcohol availability in communities, as alcohol sales are limited to members, invited guests, and authorised visitors. Clubs also typically have shorter operating hours. Permitting clubs to extend their trading hours and sell to anyone could significantly increase access to alcohol across the country, at cheaper prices (which clubs can provide, being not-for-profit and having lower overheads than commercial venues). Longer trading hours and lower prices are proven to increase alcohol consumption and subsequent harm levels, while raising alcohol prices and reducing hours of sale are both considered among the most effective and cost-effective strategies to reduce population consumption, alcohol-related harm, and inequities in harm.

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Clubs are typically staffed by volunteers and run more "casually" than commercial venues in terms of host responsibility and monitoring. In the class 4 gaming machine sector, for example, clubs display poorer standards of host responsibility compared to non-clubs.[14] Supplying alcohol to the public carriers more risks and obligations, and we are concerned clubs will adopt on-licences without appreciating this — increasing the likelihood of prosecution for licence holders, and harm for the public. Many clubs also operate rurally, which poses challenges to properly regulating them. This is especially concerning given rural areas account for a disproportionate amount of death and serious injury from drink-driving,[15] which may increase if clubs are able to sell alcohol to more people.

We believe the status quo should be maintained for club licences. Permitting clubs to supply alcohol to everyone has the potential to create a "boom" in access to very cheap alcohol supplied in less regulated environments across the country. This would completely change the risk profile of club venues, with consequences for how Aotearoa New Zealand and its local communities assess and manage alcohol-related harm (for example through outlet location and density policies).

Extended trading hours during televised significant events (clauses 21 to 23)

The MHF does not support the proposals to extend trading hours and relax one-way door restrictions to televise significant events.

As mentioned above, restrictions on trading hours are a proven strategy to reduce alcohol-related harm. Restrictions on alcohol sales in the late evening are most strongly associated with reduced heavy drinking and associated adverse consequences.[16] We are concerned these proposals go against this evidence (and that of the Law Commission, which recommended trading hours should not exceed

[14] Department of Internal Affairs. (2017). *Sector report: Gaming machine mystery shopper exercise results*.
[15] Harris, D., et al. (2022). *Alcohol-related crash trends (Waka Kotahi NZ Transport Agency research report 694).*
[16] Christchurch City Council. (2013). *Summary of Ministry of Health and Wellington City Council studies*; New Zealand Law Commission. (2010). *Alcohol in our lives: curbing the harm (NZLC R114).*

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national limits), and undermine community decisions about trading hours (where an LAP is established).

We appreciate the intention to develop a clear and consistent process for hosting significant events and avoid ad hoc amendment bills to address specific events. However, the scope of "significant event" outlined in this Bill is extremely broad (encompassing events that bring sporting, cultural, social, economic or other benefits) compared to previous such amendment bills. We are therefore concerned this Bill will provide for more frequent exemptions.

Amendments relating to special licences (clauses 24 to 33)

The MHF does not support the amendments related to special licensing.

We are concerned these changes will replace local community control and decision-making with national regulations that may be less robust and protective.

We acknowledge the intention to establish a national framework for assessing special licence applications. However, we are concerned that the suggested scope of the regulations (as outlined in clause 33) does not adequately capture the breadth of potential conditions provided for by section 147 (which the Bill intends to repeal).

Certain restaurants permitted to hold off-licence (clause 40)

The MHF does not support relaxing the restrictions on issuing off-licences so that restaurants with on-licences and retail premises to sell takeaway food and non-alcoholic drinks may also hold off-licences.

This amendment is likely to increase alcohol availability and subsequent harm. Limiting access to off-licences is a key strategy to prevent alcohol-related harm in communities, with LAPs often stipulating more stringent rules regarding the density and operating hours of off-licences.

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An increasing majority of alcohol consumed in Aotearoa New Zealand is purchased at an off-licence (84% today, compared to 64% in 1995 and 76% in 2011).[17] They sell the cheapest alcohol in the country, which is predominantly favoured by heavy drinkers and young drinkers.[18]

Alcohol outlet density, and particularly off-licence density, is linked to increased consumption, higher risk drinking patterns, and alcohol-related harm in Aotearoa New Zealand and internationally. One New Zealand study found a 4% increase in binge drinking for every additional off-licence,[19] and in Scotland, higher off-licence density has been associated with increased risky and binge drinking among lower-income groups.[20]

A growing body of studies show that off-licence outlet density is positively associated with violence, crime, public disorder, property damage and reduced amenity.[21] Forty-five percent of alcohol offences are linked to private residences in Aotearoa New Zealand (compared to 15% linked to on- or club licence premises),[22] and a Manukau study using council records found that each additional off-licence was associated with an increase of 85.4 police events annually.[23]

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[17] Peacock, A. (2025). Last call for supermarkets and off-licences selling cut-price alcohol. *Newsroom;* Christchurch City Council. (2013). *Summary of Ministry of Health and Wellington City Council studies*.
[18] Casswell, S., et al. (2014). International alcohol control study: pricing data and hours of purchase predict heavier drinking. *Alcohol Clin Exp Res 38*: 1425–31; Wall, M., & Casswell, S. (2017). Drinker Types, Harm, and Policy-Related Variables: Results from the 2011 International Alcohol Control Study in New Zealand. *Alcohol Clin Exp Res 41*: 1044–53.
[19] Connor, J., et al. (2011). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. *J Epidemiol Community Health 65*: 841-846.
[20] Randerson, S., et al. (2025). Systemic inequities in alcohol licensing: Case studies in eight Aotearoa New Zealand communities. *Drug Alcohol Rev 44*(2):459–470. https://doi.org/10.1111/dar.13997.
[21] Randerson, S., et al. (2025). Systemic inequities in alcohol licensing: Case studies in eight Aotearoa New Zealand communities. *Drug Alcohol Rev 44*(2):459–470. https://doi.org/10.1111/dar.13997.
[22] Christchurch City Council. (2013). *Summary of Ministry of Health and Wellington City Council studies*.
[23] Cameron, M. P., et al. (2012). Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Augst N Z J Public Health 36*: 537–42.

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Poorer communities are disproportionately impacted — off-licences are three times as numerous in areas of high deprivation than of low deprivation.[24]

We are concerned that restaurants that do not currently have a retail arm will start one to obtain an off-licence within these provisions, which could lead to large numbers of on-licensed restaurants holding off-licences. There is some evidence to suggest consumers use off-licences to continue dangerous drinking sessions that may have started at on-licensed premises.[25] Increasing the number of outlets that hold both on- and off-licences could further potentiate this risk.

We also do not consider it proportionate or reasonable that the restaurants eligible for these provisions are required to sell takeaway food and non-alcoholic beverages prepared onsite, with no similar requirements regarding the kind of alcohol that can be sold and taken away.

Requirements relating to rapid delivery of alcohol (clauses 41 to 42)

The MHF supports the new requirements relating to the rapid delivery of alcohol by remote sale.

Rapid delivery of alcohol, particularly without identification or intoxication checks, is unsafe, inconsistent with the Act, and needs to be addressed. We support the recommendations and evidence provided by Alcohol Healthwatch on this matter, including the recommendation that the scope of these changes be widened to encompass all alcohol sold online and delivered.

[24] Sneyd, S. & Richardson, M. (2024). Online alcohol deliveries: age verification processes of online alcohol delivery companies in Auckland, New Zealand. *NZ Med J 137*: 13–21.
[25] Stacy, C., et al. (2020). Using Land Policy to Improve Population Health. *Journal of urban health: bulletin of the New York Academy of Medicine*, *97*(6), 887–898. https://doi.org/10.1007/s11524-020-00466-2; Day, P., et al. (2012). Close proximity to alcohol outlets is associated with increased serious violent crime in New Zealand. *Australian and New Zealand Journal of Public Health 36*(1); Kookiri ki Taamakimakaurau Trust. (2024). *Kaupapa Te Rapu Taamakimakaurau Whaarangi Meka (Fact Sheet): Too many bottle shops in the community*.

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Conclusion

Thank you for considering our submission on this Bill.

Apart from clauses 19, 20, and 41-43, the MHF opposes the amendments proposed by this Bill. If passed, these amendments will weaken the (already flawed) Sale and Supply of Alcohol Act even further, by removing some of the only mechanisms for communities to manage alcohol-related harm and introducing several provisions that will make alcohol even more affordable and accessible. Considered as a whole, the primary aim of this Bill appears to be to make it easier to sell and profit from alcohol. This impedes the object of the Act (which is to provide for the safe and responsible sale, supply and consumption of alcohol and to minimise alcohol-related harm) and disregards a large body of public health evidence supporting a stricter (not weaker) regulatory approach to alcohol.

The MHF reiterates our support for a full review of Aotearoa New Zealand's alcohol law to prevent and minimise harm and ultimately improve the wellbeing of all New Zealanders.

We encourage you to listen to public health expertise and those impacted by alcohol-related harm when considering this Bill in Parliament.

Mauri tū, mauri ora,

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