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**The Royal Australasian College of  
Physicians' submission to the Justice  
Committee**

**Sale and Supply of Alcohol (Improving  
Alcohol Regulation) Amendment Bill**  
Haratua | May 2026

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Justice Committee on the proposed Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our expert members to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

## The RACP's Position and Response to the proposed Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill

Alcohol is Aotearoa New Zealand's most harmful drug, increasing the risk of over 200 diseases and health conditions (including seven cancers), injuries and road deaths, poor mental health, suicide and dementia, domestic, sexual, and family violence, child maltreatment, crime, and harm to unborn children through Fetal Alcohol Spectrum Disorder<sup>1</sup>. In 2024/25 one in every six adults aged 15+ years reported a hazardous drinking pattern<sup>2</sup>.

Persistent inequities in alcohol use and harm exist, particularly experienced by Māori, Pasifika and those living in the most socioeconomically deprived neighbourhoods. Death rates from alcohol among Māori are more than twice that of non-Māori<sup>3</sup>. Alcohol laws play a significant role in driving these inequities, including by failing to protect communities from high availability. The RACP observes the unjustly high concentration of alcohol outlets among Māori, Pasifika and low -income communities<sup>4,5</sup>.

**The RACP does not support the proposed Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill. We urge Select Committee to weigh the evidence that any change that further normalises alcohol use, increases alcohol availability or decrease the**

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<sup>1</sup> Alcohol Healthwatch. Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand. [Internet]. Auckland: Alcohol Healthwatch, 2020. Available from: [Evidence-based alcohol policies.indd \(ahw.org.nz\)](https://www.alcoholhealthwatch.org.nz/evidence-based-alcohol-policies) Accessed on 8 May 2026.

<sup>2</sup> Ministry of Health. Annual Update of Key Results 2024/25: New Zealand Health Survey. Wellington, N.Z: Ministry of Health, 2025. Available from: [https://www.health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey#\\_ftnref2](https://www.health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey#_ftnref2). Accessed on 8 May 2026.

<sup>3</sup> Connor J, Kydd R, Shield K, Rehm J. The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: Marked disparities by ethnicity and sex. *New Zealand Medical Journal* 2015; 128: 15–28. Available from: [The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex - PubMed \(nih.gov\)](https://www.nzma.org.nz/journal/2015-128-15-28) Accessed on 8 May 2026.

<sup>4</sup> Hobbs M, Marek L, Wiki J, et al. Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand. *Health & Place* 2020; 65: 102397. Available from: [Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand - ScienceDirect](https://doi.org/10.1016/j.healthplace.2020.102397) Accessed on 8 May 2026.

<sup>5</sup> Ayuka F, Barnett R, Pearce J. Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. *Health & Place* 2014; 1: 186–99 Available from: [Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand - PubMed \(nih.gov\)](https://doi.org/10.1016/j.healthplace.2014.01.001) Accessed on 8 May 2026.

**influences of communities over local alcohol decisions, will leading to greater alcohol related harm, including family violence and increased health inequities in Aotearoa New Zealand. Compounding, this it will also intensify demand on a health workforce already operating under pressure.**

The RACP has previously supported proposals to increase communities' opportunity and voice to influence local alcohol availability, including through objection to licensing applications and consideration of Local Alcohol Policies in licensing decisions<sup>6</sup>, noting that the 2023 Sale and Supply of Alcohol (Community Participation) Amendment Bill put people before profit. The proposals in the Bill will further entrench alcohol-related harm, prioritising the profit of businesses over public health.

**The RACP calls for the government to prioritise addressing harmful drug and alcohol use as a health issue, reducing harm through effective regulation and investment in evidence-based prevention and harm reduction measures<sup>7</sup>.**

### Why increased availability of alcohol leads to increased harm

This Bill proposes to increase alcohol availability by:

- allowing hairdressers and barbers to serve alcohol of any strength without a license;
- allowing clubs to obtain on-licenses to serve the public (not only club members);
- allowing some restaurants to obtain off-licenses to sell alcohol that customers can take home; and
- allowing extended trading hours for certain televised events.

Aotearoa New Zealand's baseline alcohol is already significant - with relatively high levels of alcohol availability, long permissible trading hours, and high outlet density<sup>8</sup>. At the same time, our family violence rates are among the highest in the OECD<sup>9</sup>. Police currently respond to a family violence harm incident every four minutes – more than 100,00 callouts annually. Women and children bear the greatest burden. Māori communities are disproportionately represented among those harmed, as a predictable consequence of colonial dispossession, concentrated disadvantage, and inadequate support. Any policy changes that foreseeably increases family violence must be assessed against this reality.

The causal relationship between alcohol availability, consumption and harm, including family violence, is established and deeply concerning. The World Health Organization identifies alcohol availability as

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<sup>6</sup> Royal Australasian College of Physicians. Submission to the Justice Committee on the Sale and Supply of Alcohol (Community Participation) Amendment Bill, 2023. [Internet]. Available from: [racp-submission-to-the-justice-committee-on-the-sale-and-supply-of-alcohol-community-participation-bill.pdf](#) Accessed on 12 May 2026.

<sup>7</sup> Royal Australasian College of Physicians. Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand, 2024. [Internet]. Available from: [racp-position-statement-achieving-a-health-focused-approach-to-drug-policy-in-australia-and-aotearoa-new-zealand.pdf](#). Accessed on 12 May 2026.

<sup>8</sup> Chambers T, Mizdrak A, Jones A C, Davies A, Sherk A. Estimated alcohol-attributable health burden in Aotearoa New Zealand. Estimated alcohol-attributable health burden in Aotearoa New Zealand. 2024, Health Promotion Agency: Wellington. <https://doi.org/10.60967/healthnz.27048892>. Accessed 8 May 2026.

<sup>9</sup> OECD. Violence against Women: Indicator, 2023. Available from: <https://www.oecd.org/en/data/indicators/violence-against-women.html>. Accessed 8 May 2026.

a key driver of consumption and alcohol-related harm, with strong evidence that increasing availability increases population-level harm<sup>10</sup>. Aotearoa NZ research confirms this pathway. Evidence clearly shows the link between availability and density of alcohol outlets and alcohol-related harm in Aotearoa New Zealand<sup>11,12</sup>.

The health system absorbs what alcohol policy fails to prevent. Proposals in this bill will intensify demand on a health workforce already operating under unsustainable pressure. An estimated 10% of interpersonal violence offences in Aotearoa NZ are attributable to alcohol consumption, and this figure underestimates total harm, such as mental health and intergenerational impacts. The NZIER has estimate that the total cost of alcohol-related harm is \$9.1 billion annually<sup>13</sup>. A significant proportion of the costs is borne by the health system, and by the clinical workforce asked to absorb it.

While viewed individually, the proposed changes each seem minor. However, taken together they contribute to a general increase in alcohol availability that our physician members anticipate resulting in negative public health impacts. The proposals go against calls from the RACP for restrictions on alcohol availability including laws controlling outlet density<sup>14</sup>. For people managing addiction, increased availability of alcohol raises barriers to safely accessing basic services that have until now been alcohol-free, including haircuts. These changes present a slippery slope to the potential for the future inclusion of other settings, further normalising alcohol consumption as part of all aspects of daily life. The proposals are counter to the RACP's MakeItTheNorm campaign calling for the government to prioritise whānau wellbeing through supporting local authorities and communities work to reduce alcohol off-licences<sup>15</sup>.

## **The Bill undermines communities through reduced community voice and local decision making**

This Bill proposes to reduce the community voice by:

- restricting objections to license applications and renewals to those living or working within the same council area, or within 1km of the premises; and it
- prevents Local Alcohol Policies (LAPs) from being considered when renewing licenses.

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<sup>10</sup> World Health Organisation. Global status report on alcohol and health and treatment of substance use disorders. Geneva, 2024. Available from: <https://iris.who.int/server/api/core/bitstreams/32b161e9-5683-40f5-a1c3-1c92a76d5cda/content>. Accessed on 13 May 2026.

<sup>11</sup> Cameron M, Cochrane W, Livingston M. The relationship between alcohol outlets and harms: A spatial panel analysis for New Zealand, 2007-2014. Wellington: Health Promotion Agency, 2016. Available from: [The relationship between alcohol outlets and harm.pdf \(hpa.org.nz\)](#) Accessed 7 May 2026.

<sup>12</sup> Connor J, Kypri K, Bell M, Cousins K. Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. J Epidemiol Community Health. 2011; 65 (10):841-6. Available from: [Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study - PubMed \(nih.gov\)](#) Accessed 8 May 2026.

<sup>13</sup> AHW, 2024. The Cost of Alcohol-Related Harm in New Zealand, 2024: NZIER Report Summary, AHW: Alcohol Healthwatch. New Zealand. Available from <https://coilink.org/20.500.12592/3mh2dmp> Accessed 12 May 2026.

<sup>14</sup> Royal Australasian College of Physicians and Royal Australian and New Zealand College of Psychiatrists. Alcohol Policy, 2016. [Internet]. Sydney: Royal Australasian College of Physicians (RACP) and Melbourne: Royal Australian and New Zealand College of Psychiatrists (RANZCP), 2016. Available from: [pa-racp-ranzcp-alcohol-policy.pdf](#) Accessed 7 May 2026.

<sup>15</sup> Royal Australasian College of Physicians. Make It The Norm. Equity through the social determinants of health. [Internet] Wellington: Royal Australasian College of Physicians, 2017. Available from [https://www.racp.edu.au/docs/default-source/policy-and-adv/aotearoa-new-zealand/make-it-the-norm-equity-through-the-social-determinants-of-health.pdf?sfvrsn=10ea011a\\_8](https://www.racp.edu.au/docs/default-source/policy-and-adv/aotearoa-new-zealand/make-it-the-norm-equity-through-the-social-determinants-of-health.pdf?sfvrsn=10ea011a_8) Accessed on 8 May 2026.

In 2023 the RACP supported proposals to increase communities' opportunity and voice to influence local alcohol availability<sup>16</sup>. Communities should have an opportunity to shape their environment, including access to and exposure to alcohol. While the health impact to individuals is immediately front-of-mind when considering alcohol-related harm, research also indicates that drinkers pose significant health harm on those they are close to and the wider community, including during pregnancy, through violence and traffic accidents<sup>17</sup>. Persistent inequities in alcohol use and harm exist. Alcohol laws play a significant role in driving existing inequities, including by failing to protect Māori, Pacific, and socioeconomically deprived communities from high availability.

**The RACP opposes the proposal restrict objection to a licence application to those living or working within the same council area, or within 1km of the premises.** This permits only a small number of people to object and excludes many with potential to be impacted, for example people who have moved out of the area temporarily, those who live outside the council area but slightly over 1km away (which is still within walking distance), mana whenua and those with whakapapa to the area. This proposal assumes that only those within a council area or within 1km will be attending events/establishments, which likely vastly underestimates the catchment of patrons of most establishments. The RACP anticipates that narrowing the criteria will allow fewer chances for objectors with an interest in addressing alcohol-related harm to participate in local making in the number, type and distribution of alcohol outlets. This also limits the potential for collective change and protection of the vulnerable, both important in democratic societies.

Communities currently have the option to reduce the number of local alcohol outlets through Local Alcohol Policies, as license renewals can be declined by District Licensing Committees if a license would be inconsistent with a local alcohol policy. **The RACP opposes proposals to both remove the ability for licensing committees to consider LAPs in renewal of licence applications.** The proposals are counter to the RACP's MakeItTheNorm campaign calling for the government to prioritise whānau wellbeing through supporting local authorities and communities work to reduce alcohol off-licences<sup>18</sup>. These provisions will remove community level prevention opportunities, reducing the ability for communities to be at the forefront of decisions around how alcohol is sold in their neighbourhood. The RACP is of the view that any steps to protect the LAP process from the influence of commercial conflicts of interest and increase community voice are desirable to reduce alcohol-related harm. The proposals in this Bill area strongly at odds with this view.

## Inadequate commitment to Te Tiriti o Waitangi

The intent of regulation in the alcohol space must be to achieve health equity between Māori and non-Māori. However, the current regulatory regime for enabling Māori to meaningfully participate in decision making around alcohol licensing decisions in communities is woefully inadequate. Existing

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<sup>16</sup>Royal Australasian College of Physicians. Submission to the Justice Committee on the Sale and Supply of Alcohol (Community Participation) Amendment Bill, 2023. [Internet]. Available from: [raccp-submission-to-the-justice-committee-on-the-sale-and-supply-of-alcohol-community-participation-bill.pdf](#) Accessed on 12 May 2026.

<sup>17</sup> Casswell S, Huckle T, Romeo JS, Moewaka Barnes H, Connor J, Rehm J. Quantifying alcohol-attributable disability-adjusted life years to others than the drinker in Aotearoa/New Zealand: A modelling study based on administrative data. *Addiction*. 2024;119(5):855-62. <https://doi.org/10.1111/add.16435>. Accessed on 7 May 2026.

<sup>18</sup> Royal Australasian College of Physicians. Make It The Norm. Equity through the social determinants of health. [Internet] Wellington: Royal Australasian College of Physicians, 2017. Available from [https://www.raccp.edu.au/docs/default-source/policy-and-adv/aotearoa-new-zealand/make-it-the-norm-equity-through-the-social-determinants-of-health.pdf?sfvrsn=10ea011a\\_8](https://www.raccp.edu.au/docs/default-source/policy-and-adv/aotearoa-new-zealand/make-it-the-norm-equity-through-the-social-determinants-of-health.pdf?sfvrsn=10ea011a_8) Accessed on 7 May 2026.

legislation requires considerable change to become Tiriti-consistent and the proposals in the Bill risk widening existing health inequalities between Māori and non-Māori<sup>19</sup>. This is despite the fact that Māori experience unequal exposure to, and harms from, alcohol risk environments in Aotearoa New Zealand, including higher exposure to alcohol outlets when living in deprived areas<sup>4,5</sup>.

There is no recognition of Te Tiriti in both the current Sale and Supply of Act and the Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill, and current licensing processes do not support active partnership and engagement with Māori interests in licence decisions. Research has shown licence decisions and hearings have not recognised elements of Māori culture protected under Te Tiriti such as whakapapa (ancestral connections) or being a māngai kōrero (authoritative spokesperson) when assessing the right to give evidence. Māori objectors have described the legalistic nature of the hearing environment as an entirely inappropriate way to engage and confirm this has excluded many from participating<sup>20</sup>.

The RACP suggests more explicit reference to Te Tiriti within the draft legislation, including pathways for guaranteeing shared decision-making with Māori in licensing decisions that affect Māori communities. We recommend the Bill refers to Te Tiriti principles and make explicit processes specific to engaging with Māori in regulating the sale and supply of alcohol. It is imperative to make and sustain the changes urgently needed to realise the promises of Te Tiriti - equity, active protection and tino rangatiratanga<sup>21</sup>. We call for alcohol legislation built on a Tiriti foundation with Te Ao Māori and mātauranga Māori at the forefront to truly affect the wellbeing of current and future generations.

## The RACP's Recommendations

The RACP recommends withdrawal of the Bill in its current form or substantially amending proposals to:

- retain the consideration of LAPs at license renewal and ability to decline licenses that are inconsistent with LAPs;
- maintain broader rights to object, including increasing the catchment to those with a legitimate vested interest in local alcohol availability;
- incorporate Māori partnership mechanisms, and uphold obligations under Te Tiriti o Waitangi; and
- prioritise addressing harmful alcohol use as a health issue.

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<sup>19</sup> Kyrpi K, MacLennan B, Brausch S, Wyeth E, Connor J. Did New Zealand's alcohol legislation achieve its object of facilitating public input? Qualitative study of Māori communities. [Internet]. Drug and Alcohol Review 2019;8 (4): 331-338. Available from: [Did New Zealand's new alcohol legislation achieve its object of facilitating public input? Qualitative study of Māori communities - Kypri - 2019 - Drug and Alcohol Review - Wiley Online Library](#) Accessed on 7 May 2026.

<sup>20</sup> Maynard, K. (2022). Te Tiriti o Waitangi and alcohol law. Wellington, NZ: Te Hīringa Hauora | Health Promotion Agency. [Internet]. Available from: [Te Tiriti o Waitangi and alcohol law.pdf \(hpa.org.nz\)](#) Accessed on 7 May 2026.

<sup>21</sup> Royal Australasian College of Physicians. Make It The Norm. [Internet]. Wellington: Royal Australasian College of Physicians [Make It The Norm | Policy and Advocacy \(racp.edu.au\)](#) Accessed on 7 May 2026.

## Conclusion

The RACP:

- **is strongly opposed to** the proposed Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill.
- **emphasises** that communities should have an opportunity to shape their environment, including access to and exposure to alcohol;
- **emphasises** that the proposals will increase the public health risk posed by alcohol-related harms;
- **is concerned** that the proposals in the Bill put profit ahead of public and community health; and
- **emphasises** that significant work needs to uphold the principles of Te Tiriti o Waitangi in alcohol legislation.

The RACP thanks the Justice Committee for the opportunity to provide feedback on this consultation.

To discuss this submission further, please contact Jacqui Wallens, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Team at [policy@racp.org.nz](mailto:policy@racp.org.nz).