

Submission on: The Sale and Supply of Alcohol (Community Participation) Amendment Bill

To: The Justice Select Committee

12th February 2023

Introduction

This submission is by the Cancer Society of New Zealand. We are a registered Charity focussed on reducing the incidence and impact of cancer in New Zealand. We are providing comment as alcohol is a key preventable cause of cancer.

The Cancer Society wholeheartedly supports all measures in this Bill. We are ever mindful that many lives are harmed and lost from alcohol-attributable cancer and that stronger alcohol regulation is needed to minimise the incidence, impact, and inequities of cancer in Aotearoa, New Zealand.

While we support this bill as a step in addressing the normalisation and glamorisation of alcohol and its significant harms, much more is needed. The Cancer Society supports a much wider review of alcohol regulation to equitably impact alcohol affordability, advertising, sponsorship, and availability as recommended by many national and international reports and research. We urge the Government to be bold and make a recommendation in their report back to the House that provisions be added to the Bill to prohibit alcohol advertising and sponsorship to protect our tamariki from cancer over their lifetime.

This Bill is supported by all regional divisions of Cancer Society throughout New Zealand. In addition, the Cancer Society regional staff regularly engage with individuals, community groups and local councillors. We are seeing and hearing significant concern about the impact that alcohol has in our communities, and there is support to reduce its availability. Further information on these views is included below.

We would like to present an oral submission to the Justice Select Committee.

Summary

The Cancer Society supports the proposed changes set out in the Sale and Supply of Alcohol (Community Participation) Amendment Bill and believe they would contribute to more meaningful participation about alcohol licencing decisions. Our submission relates to Part 1: Amendments to Principal Act. We believe these changes will align more closely with the intent of the Sale and Supply Act and will help meet its objectives.

We support:

- a. The removal of the provisions for appeals against Local Alcohol Policies (LAPs).
- b. The removal of unnecessary formality at hearings, such as cross-examination.
- c. The ability for anyone to object to an alcohol licence.

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We also recommend:

- a. Further measures be added to the Bill to ensure greater Māori engagement through embedding Te Tiriti into alcohol legislation and doing so in partnership with Māori.
- b. A wider review of alcohol regulations to address alcohol pricing, advertising, sponsorship, and availability in line with the WHO, Best Buys¹. This review also needs to consider ways to curb the rapid growth of online alcohol sales currently further impacting alcohol use.

Why change is needed

Alcohol causes cancer

Alcohol is a proven but preventable cause of many cancers². Alcohol increases the risk of cancers of the mouth, pharynx (throat), larynx (voice box), oesophagus, bowel, liver, and breast (in women)³.

Any regular alcohol use (even small amounts) can increase the likelihood of cancer. The more alcohol the greater the risk of developing cancer⁴. Additionally, combining alcohol and tobacco use increases cancer risk further and its high energy content increases the risk of 12-13 weight-related-cancers⁵. There is no safe minimum level of alcohol use in relation to cancer.

In Aotearoa, 2020, an estimated 943 cancers including 367 colorectal, 264 breast and 99 oral cavity cases were attributed to alcohol⁶. In 2016, an estimated 6.6% of cancers deaths were attributable to alcohol⁷. Māori are disproportionately affected by alcohol-attributable cancer with Māori 2.5 times more likely to die than non-Māori and suffering a greater average loss of healthy life than non-Māori⁸.



Despite alcohol causing considerable harm, such as cancer, it has become normalised and readily available, affordable, marketed in our neighbourhoods^{9,10,11,12}. This is even more so in poorer communities^{13,14}. Intergenerational experiences of colonisation, discrimination, and inequity in these structural and environmental factors have contributed to Māori being more burdened by alcohol-attributable cancers^{15,16}.

We are seeing a significant level of support for change.

The Cancer Society is made up of a National Office, six Divisions and 16 Regional Centres. We have staff in each of these centres who are very much embedded in their local communities. This Bill is supported by all of the Cancer Society throughout New Zealand.

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In addition, the Cancer Society Divisions regularly engage with individuals and community groups across New Zealand. There is significant concern about the impact that alcohol has in our communities and momentum for change. We are hearing strong community support for the changes proposed in this Bill and a call to further extend the recommendations. Here are just some community views that we have heard during the week:

- *'No one can stop people from drinking alcohol, but if you make it a little harder to buy, at least it might people think about whether they need it'*
- *'South Auckland. Too many booze shops'*
- *'Stop selling it in supermarkets and reduce hrs of liquor stores opening hrs. Closes pubs, bars early 10pm'*
- *'Restrict liquor advertising'*

In addition, the Cancer Society regional staff work closely with their local council representatives. In October 2022, the Cancer Society conducted a survey of candidates standing for election in the 67 territorial authorities throughout the motu. In total, 273 of the 1,415 elected representatives (19.3%) in territorial authorities in Aotearoa participated in the survey. Approximately two thirds were councillors and one fifth community board representatives. A response was received by at least one elected official in 62 territorial authorities. The survey found:

- 95% indicated support for council actions to minimise harm. Over three quarters of respondents (79%, n=213) strongly supported council action to minimise alcohol harm with a further 16% (n=44) very probably supporting it. The remainder showed possible support for it, with only 0.4% respondents strongly disagreeing.
- 85% indicated support for the Harm Minimisation Bill. About two thirds of respondents (64%, n=170) support the Alcohol Harm Minimisation Bill was a further one fifth (21%, n=57) very probably supporting it. The remainder showed possible support for it, with only 0.4% respondents strongly disagreeing.
- 88% indicated support for a wide review of the Sale and Supply of Alcohol Act. About two thirds of respondents would definitely support a wide review of the Sale and Supply of Alcohol Act (68%, n=181), with a further 20% (n=52) reporting they would very probably support a review. The remainder showed possible support for it, with only 0.8% respondents strongly disagreeing.

LAPs are important in addressing alcohol harm

Licencing systems such as Local alcohol Policies are an important part of the regulatory framework. LAPs can help address alcohol availability such as outlet density and opening hours. Despite intentions of the Sale of Liquor Act (1989) and calls from 2010 Law Commission and local government¹⁷ for TLAs to be required to develop a LAP to ensure community input into licensing decisions, this has not eventuated. Barriers for communities to have a meaningful say on alcohol decisions have since been undermined and even more significantly for Māori communities¹⁸. Maynard's Te Tiriti o Waitangi and

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alcohol law report recommends considerable change of the alcohol regulatory system to become Tiriti-consistent and achieve equity. This Bill is an opportunity to put more robust regulation in place to protect vulnerable communities from affordable and accessible alcohol and its harms.

More needs to be done

The Cancer Society supports a much wider review of alcohol regulation. More work is needed to address the unequal alcohol accessibility and its cancer harm^{1,19}. The Cancer Society supports evidence-based population strategies such as those outlined in the 3rd edition of Alcohol: No Ordinary Commodity¹ and recommendations of the 2010 NZ Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship²⁰²¹ and 2017 Wai 2575 claim²² to help build the best priorities and solutions to address equity and Pae Ora.

Young people who have greater exposure to alcohol marketing are more likely to start drinking at an earlier age and engage in binge and hazardous drinking²³. Despite this, Māori youth are exposed five times more and Pacific three times more to alcohol marketing in their everyday lives, compared to European youth²⁴. Recommendations for stronger alcohol reform have for too long been ignored. The Cancer Society urges the Government to make further provisions in this Bill to address alcohol marketing and sponsorship to protect our tamariki from cancer over their lifetime.

Specific recommendations

We support all measures in this Bill. Our views on the proposals and specific recommendations are set out below.

We support the removal of the process of appeals against LAPs

- i. Communities (via local Councils) should be able to have a voice about alcohol sale and supply in their area.
- ii. Community voice will no longer be undermined by the threat of costly appeals from alcohol suppliers and distributors.
- iii. This will make it easier for Councils to enact LAPs, which will lessen alcohol-related harm.
- iv. More LAPs will relieve communities, especially low-income communities, from holding the burden of proof of harm in licensing hearings.
- v. More LAPs will make it easier for alcohol licences to be turned down.
- vi. There is no justification for the appeals process being provided only for LAPs when it is not provided for other council policy processes.

We recommend

- Making it mandatory for TLAs to develop a LAP.
- Improving input from Māori into LAPs, as recommended by Maynard²⁵.

We support the removal of unnecessary formality at hearings, such as cross-examination

- i. Community members have reported the process of cross-examination is intimidating, threatening and overly technical.
- ii. Community participation has been discouraged by the fear of being cross-examined.

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- iii. There can be a power imbalance in legal representation when licencing applicants hire very experienced lawyers while community members may not have access to equivalent lawyers.
- iv. Community member's ability to make a strong, cohesive case may be reduced in an intensive cross-examination in a legalistic environment.
- v. Cross-examination is not allowed in other similar government hearings like Resource Consent Hearings or Tenancy Tribunal.
- vi. We support virtual attendance at hearings (e.g. Zoom meetings).

We recommend:

- Increased training for District Licensing Committees
- Holding meetings at accessible community locations
- Providing a hearing timetable
- Making it easier for people to know they can object
- Supporting tikanga and access to Te Reo Māori.

We support the ability for anyone to object to an alcohol licence

- i. There is concern about the difficulties facing community members and organisations in obtaining "standing" even if they are experts in health or living near the site of the alcohol outlet.
- ii. The opportunity to object to a licence application should exist for people who have a genuine concern for the area, whether they live near the premises or not.
- iii. The harm from off-licence applications can be felt further away than for on-licence applications, another reason anyone should be allowed to object.
- iv. In alignment with Te Tiriti o Waitangi, Māori rights, culture and practices should be considered when deciding who can object.
- v. There needs to be more community input into licencing decision-making, without restrictions on who can object to a licence.
- vi. Community participation and equity is encouraged by allowing anyone to object to a licence.
- vii. It is unlikely that applications will be overrun with objections as committees have the power to exclude objections.

We also strongly recommend:

- Māori representation be guaranteed in alcohol licencing decisions¹³. We also recommend a clause recognising the rights of Māori under Te Tiriti o Waitangi be embedded in the Act²⁶. These measures are important steps in supporting a reduction in inequitable alcohol-related cancer and harm.
- Provisions be included in the Bill to prohibit alcohol advertising and sponsorship to protect our tamariki.
- A wider regulatory review of alcohol marketing and sponsorship, alcohol prices, monitoring and enforcement of alcohol licences and the minimum purchase age for alcohol.

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References

- ¹ Babor, T; Casswell, S; Graham, L et al. Alcohol: No Ordinary Commodity: Research and public policy (3rd edition). Oxford, United Kingdom: Oxford University Press, 2022. Retrieved from <https://fdslive.oup.com/www.oup.com/academic/pdf/openaccess/9780192844484.pdf>.
- ² World Cancer Research Fund, American Institute for Cancer Research. Alcoholic Drinks and the Risk of Cancer.; 2018. <https://www.wcrf.org/sites/default/files/Alcoholic-Drinks.pdf>
- ³ Connor J. Alcohol consumption as a cause of cancer. *Addiction* 2017; 112: 222–228
- ⁴ Griswold MG, Fullman N, Hawley C, et al. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet* 2018; 392: 1015– 1035
- ⁵ World Cancer Research Fund. Diet, Nutrition, Physical Activity and Cancer: A Global Perspective: A Summary of the Third Expert Report.; 2018.
- ⁶ Runggay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, Islami F, Lemmens VEPP, Rehm J, Soerjomataram I. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. *Lancet Oncol.* 2021 Aug;22(8):1071-1080. doi: 10.1016/S1470-2045(21)00279-5. PMID: 34270924; PMCID: PMC8324483.
- ⁷ World Health Organisation. New Zealand Country Cancer Profile;2020. https://www.who.int/cancer/country-profiles/NZL_2020.pdf .
- ⁸ Connor, J; Kydd, R; MacLennan, B; et al. Alcohol-attributable cancer deaths under 80 years of age in New Zealand, *Drug Alcohol Review*, May 2017. 36(3): 415-423. <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12443>
- ⁹ Health Promotion Agency. (2018). Trends in affordability of alcohol in New Zealand. Wellington: Health Promotion Agency. https://www.hpa.org.nz/sites/default/files/Final%20Report%20-%20Trends%20in%20affordability%20of%20alcohol%20in%20New%20Zealand%20April%202018_0.pdf
- ¹⁰ Chambers, T, Signal, L, Carter, MA et al; A sponsorship of a summer of sport: A frequency analysis of marketing during major sports events; *NZMJ*. 13 Jan, 2017: Vol 130, 1448. Retrieved [here](#).
- ¹¹ Marek, L, Hobbs, M, Wiki, J et al; The good, the bad, and the environment: developing an area-based measure of access to health-promoting and health-constraining environments in New Zealand. *Int J Health Geogr* 2021, 20:16. <https://link.springer.com/article/10.1186/s12942-021-00269-x>
- ¹² Chambers T, Stanley J, Signal L, et al. Quantifying the nature and extent of children’s real-time exposure to alcohol marketing in their everyday lives using wearable cameras: Children’s exposure via a range of media in a range of key places. *Alcohol*. 2018. <https://academic.oup.com/alcalc/article/53/5/626/5056455>
- ¹³ Jamie Pearce, Peter Day & Karen Witten (2008) Neighbourhood Provision of Food and Alcohol Retailing and Social Deprivation in Urban New Zealand, *Urban Policy and Research*, 26:2, 213-227, DOI: <https://www.tandfonline.com/doi/abs/10.1080/08111140701697610>
- ¹⁴ Chambers T, Stanley J, Signal L, et al. Quantifying the nature and extent of children’s real-time exposure to alcohol marketing in their everyday lives using wearable cameras: Children’s exposure via a range of media in a range of key places. *Alcohol*. 2018. <https://academic.oup.com/alcalc/article/53/5/626/5056455>
- ¹⁵ Muriwai E, Huckle T, Romeo J. Māori Attitudes and Behaviours towards Alcohol. Wellington NZ; 2018. <https://www.hpa.org.nz/research-library/research-publications/māori-attitudes-and-behaviours-towards-alcohol> PDF [here](#)
- ¹⁶ Ratu D, The Turehou Māori Wardens ki Otara Charitable Trust. WAI 2575 – THE HEALTH INQUIRY. 2017. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_142588647/Wai%202575%2C%202.3.002.pdf.

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¹⁷ Local Government New Zealand. Local government debates key issues at annual conference: Local alcohol policies which reflect community preferences. Wellington, N.Z: Author, 2018 <https://www.lgnz.co.nz/news-and-media/2018-media-releases/local-government-debates-key-issues-at-annual-conference/>.

¹⁸ Maynard, K. (2022). Te Tiriti o Waitangi and alcohol law. Wellington, NZ: Te Hiringa Hauora | Health Promotion Agency.

¹⁹ Te Aho o Te Kahu. 2022. Pūrongo Ārai Mate Pukupuku, Cancer Prevention Report. Wellington: Te Aho o Te Kahu, Cancer Control Agency.

²⁰ Te Aka Matua o te Ture TLC. Alcohol in Our Lives: Curbing the Harm. Wellington NZ; 2010. <https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC R114.pdf>.

²¹ . Lowe G, Alofivae A, Palmer A et al. Ministerial Forum on Alcohol Advertising and Sponsorship. Wellington NZ <https://www.health.govt.nz/system/files/documents/publications/ministerial-forum-on-alcohol-advertising-and-sponsorship-recommendations-on-alcohol-advertising-and-sponsorship-dec14.pdf>.

²² Ratu D, The Turehou Māori Wardens ki Otara Charitable Trust. WAI 2575 – THE HEALTH INQUIRY. 2017. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_142588647/Wai%202575%2C%202.3.002.pdf.

²³ Ministry of Health. Pae Ora- healthy futures. <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>. Published 2015. Accessed July 13, 2020.

²⁴ Yallop J, Ratu D. Waipiro: Kaupapa Maari Tukanga Moo Te Panoni, Process for Change. Wellington

²⁵ Maynard, K. (2022). Te Tiriti o Waitangi and alcohol law. Wellington, NZ: Te Hiringa Hauora | Health Promotion Agency. <https://www.hpa.org.nz/news/the-place-of-te-tiriti-o-waitangi-in-alcohol-law> PDF [here](#)

²⁶ Kypri K, Maclennan B, Brausch S, Wyeth E, Connor J. Did New Zealand’s new alcohol legislation achieve its object of facilitating public input? Qualitative study of Māori communities. 2019. <https://pubmed.ncbi.nlm.nih.gov/30912604/>.

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