

## Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

### Auckland Regional Public Health Service

Cornwall Complex  
Floor 2, Building 15  
Greenlane Clinical Centre  
Private Bag 92 605  
Symonds Street  
Auckland 1150  
New Zealand  
Telephone: 09-623 4600

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Committee Secretariat  
Commerce Committee  
Parliament Buildings  
Wellington

[select.committees@parliament.govt.nz](mailto:select.committees@parliament.govt.nz)

### Submission on the Shop Trading Hours Amendment Bill

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Shop Trading Hours Amendment Bill.

The following submission represents the views of the Auckland Regional Public Health Service and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to **Appendix 1** for more information on ARPHS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane McEntee'.

Jane McEntee  
**General Manager**  
**Auckland Regional Public Health Service**

A handwritten signature in blue ink, appearing to read 'Dr Denise Barnfather'.

Dr Denise Barnfather  
**Medical Officer of Health**  
**Auckland Regional Public Health Service**

## Summary

1. In its Regulatory Impact Statement on the Shop Trading Hours Amendment Bill, the Ministry of Business, Innovation and Employment (MBIE) recommends that the existing alcohol restrictions in the Sale and Supply of Alcohol Act 2012 (SaSAA) should apply regardless of whether there are exemptions to shop trading restrictions in place. ARPHS supports this position.
2. MBIE considers that changing the current requirements for the sale and supply of alcohol on Easter Sunday would introduce an inconsistent approach across the restricted trading days and lead to further misunderstanding about the sale and supply of alcohol in various areas on Easter Sunday, and more widely across all the restricted trading days. ARPHS agrees that amending SaSAA to lift Easter Sunday restrictions on the sale and supply of alcohol would create confusion about alcohol restrictions, and complicate enforcement.
3. More importantly, we consider this approach would undermine SaSAA's intent to minimise alcohol related harms. We support no sale of alcohol by any premises during restricted trading hours, as currently provided for under sections 46-48 of SaSAA. There is strong evidence, both here and overseas, that highlights the relationship between the availability and accessibility of alcohol, and alcohol-related harm. Increasing the availability of alcohol in communities also signals the social acceptability of drinking, leading to the normalisation of alcohol as an ordinary commodity.
4. Accordingly, ARPHS endorses MBIE's position that the existing alcohol restrictions in SaSAA should apply to Easter Sunday trading, and strongly **recommends** that:
  - Amendments to restrictions to the sale and supply of alcohol should only be done through a review of the Sale and Supply of Alcohol Act 2012, as the primary legislation, and therefore;
  - No consequential amendments are made to the Sale and Supply of Alcohol Act 2012.

## Alcohol related harm and supporting evidence for restrictions on trading hours

5. Alcohol (classified as a class one carcinogen<sup>1</sup>) is widely consumed in New Zealand, and often in a hazardous manner (the percentage of adults who are hazardous drinkers has

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<sup>1</sup> IARC Group 1 carcinogen: The agent (alcohol) is carcinogenic to humans. The exposure circumstance entails exposures that are carcinogenic to humans. This category is used when there is sufficient evidence of carcinogenicity in humans.

increased to 18%, back up to 2006/07 levels, following a low of 15% in 2011/12)<sup>2</sup>. As well as the direct harm to health from alcohol consumption, alcohol also harms health in other ways including alcohol related injuries, assaults, violence, road accidents and other crime.

6. This has major social and economic costs. The estimated economic cost of alcohol related harm in New Zealand is estimated at NZD\$4.9 billion in one year alone (2005/06)<sup>3</sup>. Alcohol is associated with between 600 and 1000 deaths each year<sup>4,5</sup> in New Zealand. Alcohol is also strongly associated with health inequalities, particularly for the developing foetus, young people and Māori and Pacific people.

#### *Trading hours: Restricting accessibility and availability*

7. The weight of evidence suggests that longer opening hours and increased days of sale are important contributors to alcohol-related harm.
8. Babor et al. (2010) summarises the evidence for trading hours “...there is strong and reasonably consistent evidence from a number of countries that changes to hours or days of trade have significant impacts on the volume of alcohol consumed and on the rates of alcohol-related problems”.<sup>6</sup> The authors go on to say that when hours and days of sale are increased, consumption and harm increase, and vice versa.
9. New Zealanders have signalled that a change in our drinking culture is needed. Fifty-two (52) per cent of submissions made to the Law Commission supported restricting trading hours of on-licence premises. Based on findings from the *New Zealand Health and Lifestyles Survey*, 62 per cent of New Zealand adults supported reducing the hours when alcohol can be sold (average across 2010, 2012 and 2014).<sup>7</sup>

### **Maintaining the integrity of SaSAA**

10. Pursuant to section 4 of SaSAA, the object of the Act is that:

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<sup>2</sup> Ministry of Health (2015). The New Zealand Health Survey: Annual update of key results 2014/15. Accessed from: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>

<sup>3</sup> Slack, A., Nana, G., Webster, M., Stokes, F., & Wu, J. (2009). Costs of harmful alcohol and other drug use. BERL Economics, 40.

<sup>4</sup> Slack, A., Nana, G., Webster, M., Stokes, F., & Wu, J. (2009). Costs of harmful alcohol and other drug use. (BERL Economics report). 134.

<sup>5</sup> Connor, J. (2013) ‘The Health Impacts of the Way we drink in New Zealand’, Alcohol NZ: Health and Social Impacts of Alcohol. Health Promotion Agency. Wellington.

<sup>6</sup> Babor T., et al. (2010). Alcohol no ordinary commodity: research and public policy. 2<sup>nd</sup> ed. Oxford University Press (p.145).

<sup>7</sup> Guiney H. et al. (2014). Alcohol-related attitudes in 2010, 2012, and 2014: Findings from the New Zealand Health Survey. Wellington: Health Promotion Agency Research and Evaluation Unit.

*(a) the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and*

*(b) the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.*

11. In light of the evidence highlighting the relationship between the availability of alcohol and alcohol related problems, amending SaSAA to allow the sale and supply of alcohol on Easter Sunday would help to weaken the Act's intent to minimise alcohol-related harm (as stated in clause (b) above).

12. Further, in the Government's Fee Regulations consultation paper<sup>8</sup> it states that the intent of SaSAA is to reduce the accessibility and availability of alcohol. This intent was also clearly demonstrated throughout the parliamentary readings and debates on the Alcohol Reform Bill leading up to the introduction of SaSAA.

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<sup>8</sup> Ministry of Justice (2013). Regulations to give effect to the new alcohol laws – A public consultation paper. Retrieved from <http://www.justice.govt.nz/publications/global-publications/a/alcohol-new-laws-regulations-public-consultation-paper>.

## **Appendix 1 - Auckland Regional Public Health Service**

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.