

13 May 2026

Submission to the Committee Secretariat of the Justice Committee on the **Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill**.

As a Catholic Justice and Peace Commission informed by Catholic Social Teaching (CST), we look to moral frameworks that enhance the principles of human dignity, the common good, solidarity, subsidiarity, and the preferential option for the destitute and vulnerable when developing or amending public policy and legislation.

CST consistently affirms that governments have the right and duty to regulate social and economic activity to protect human flourishing and social wellbeing. While alcohol in moderation is accepted as a social norm, alcohol is also widely recognised as a driver of severe harm when availability, promotion, and misuse are insufficiently regulated. Policies that increase access without robust safeguards risk undermining the common good, especially where the negative effects are predictable and preventable.¹

We therefore support parts of this Bill where clear and demonstrable reductions are in place to reduce alcohol-related harm. We question and oppose amendments that increase availability, weaken local control or prioritise efficiency over protection. Overall, our scrutiny of this Bill is not by its intent alone, but by real-world effects these amendments will have on our most vulnerable communities.

Alcohol policy is ultimately about the kind of society we seek to build. We seek a society that protects the vulnerable, supports families, and enables all people to live with inherent and sacred dignity.

We will therefore examine this Bill through the application of four questions:

1. What Te Tiriti principles have been embedded in alcohol lawmaking and implementation throughout this Bill?
2. What precautionary measures are in place to changes that may increase alcohol availability or weaken community safeguards?

¹Hāpai Te Hauora. (18 Mar. 2026) “*What the Proposed Alcohol Law Changes Actually Mean for Whānau - Hāpai Te Hauora.*” <https://hapai.co.nz/what-the-proposed-alcohol-law-changes-actually-mean-for-whanau/>

Staudt, J. (2020). *A CATHOLIC APPROACH TO ALCOHOL A discussion of the virtuous use of alcohol.* <https://focusequip.org/wp-content/uploads/2020/12/Catholic-Approach-to-Alcohol-Dr.-Jared-Staudt.pdf> [focusequip.org]

3. Has local decision-making and community participation been preserved and strengthened?
4. Have inequitable impacts on Māori and vulnerable populations been assessed or addressed?

A Matter of Principle

“The current alcohol regulatory regime requires considerable change to become Te Tiriti-consistent.”²

“The complete absence of Tiriti considerations in alcohol law is arguably perpetuating the disproportionate burden of alcohol-related harm that Māori experience.”³

1. Protection

Incorporating Te Tiriti o Waitangi principles into alcohol governance laws should be a priority. Why are we reading yet another Amendment Bill that does not embed, let alone include or address Te Tiriti principles within alcohol lawmaking? Māori experience disproportionately higher levels of alcohol-related harm, including higher mortality rates and greater exposure to alcohol marketing and outlet density. The Crown has an obligation, not only to include Māori in decisions that directly affect them, but to actively protect Māori health and wellbeing.⁴

Alcohol-related harm in Aotearoa New Zealand is a well-documented public health and social justice issue, with inequitable impacts specifically affecting Māori, children, and lower-income communities. Alcohol policy must be evaluated in terms of regulatory efficiency in accordance with its effects on human dignity, the common good, equity, and community wellbeing.⁵

2. Participation

Research indicates that Māori and community voices often face barriers to meaningful participation in alcohol licensing and regulatory processes. Weakening local decision-

² Maynard, K. (2022). *Te Tiriti o Waitangi and alcohol law: How Te Tiriti o Waitangi could be given appropriate effect in alcohol law and why it is important to do so*. Figshare. <https://doi.org/10.60967/healthnz.26508373.v1>

³ *Ibid.*

⁴ Swinburn, B. (2024, May 16). *Alcohol - Health Coalition Aotearoa*. Health Coalition Aotearoa; Auckland University School of Population Health. <https://www.healthcoalition.org.nz/alcohol/>

⁵ Shields, E., Wright, K., Borland, A., Connor, J., Randerson, S., & Maynard, K. (2025, May 12). *New Zealanders strongly support policies to curb alcohol harm – will government listen?* Public Health Expert Briefing. <https://www.phcc.org.nz/briefing/new-zealanders-strongly-support-policies-curb-alcohol-harm-will-government-listen>

making power risks further marginalising Māori perspectives and lived experience.⁶ It has been reported that some Māori organisations have been actively prevented from presenting their concerns about the impact that a new or renewed alcohol licence may have on their local community.⁷ We question why the development of this Bill, and future legislation on alcohol based laws do not reflect the need and concern of Māori communities. Moreover, (and more disturbingly) is the question on censorship: Why are Māori voices continually silenced or ignored when policy and legislation is drafted around alcohol sale, supply, and consumption?

3. Partnership

Treaty-consistent alcohol policy requires genuine partnership with Māori, including resourcing kaupapa Māori approaches to harm reduction and embedding Te Tiriti considerations into alcohol law itself. The absence of explicit Tiriti recognition in alcohol legislation has been identified as a structural contributor to ongoing inequity.⁸

Several clauses in the Amendment Bill affect Local Alcohol Policies and licensing processes in ways that reduce the practical value of community participation. While opportunities to submit or object remain, the Bill weakens the influence of local decision-making and does not address the established barriers faced by Māori in alcohol governance.

Participation that does not meaningfully shape outcomes, and that systematically disadvantages those least resourced to engage, falls painfully short of Te Tiriti principles of partnership, participation, and active protection.

Public Health Ethics

From a public health ethics perspective, alcohol regulation is guided by principles of harm reduction, proportionality, precaution, and equity.

- **Population-Level Harm Prevention**

Strong evidence demonstrates that increased availability of alcohol through density of outlets or extended trading hours is associated with increased harm. Ethical public

⁶ Mccaull, A. (2022, October 23). *Māori input crucial in alcohol harm reduction bill, says consultant*. RNZ. <https://www.rnz.co.nz/news/te-manu-korihī/477222/maori-input-crucial-in-alcohol-harm-reduction-bill-says-consultant>.

Maynard. *Te Tiriti*.

⁷ *Ibid*.

⁸ Darrah, T., Herbert, S., & Chambers, T. (2024). *A thematic analysis of alcohol and alcohol-related harm across health and social policy in Aotearoa New Zealand*. Australian and New Zealand Journal of Public Health, 48(2), 100143–100143. <https://doi.org/10.1016/j.anzjph.2024.100143>.

Maynard. *Te Tiriti*.

health policy therefore favours precaution where changes may exacerbate these risks, particularly when benefits are uncertain or narrowly distributed.⁹

Further, international research found that increasing the physical availability of alcohol through outlet density, extended trading hours, or weakened licensing controls was associated with increased consumption, violence, hospitalisation, and other alcohol-related harms. The World Health Organization (WHO) identifies restrictions on alcohol availability as a “best buy” intervention due to its high cost-effectiveness in reducing harm.¹⁰ Studies consistently link higher outlet density with increased alcohol-related violence, injury, and health harm, particularly in urban and socioeconomically disadvantaged areas.¹¹

Ethical public health policy requires attention not only to average outcomes, but to how harms are exposed. Where increased access to alcohol disproportionately affects marginalised communities and communities already bearing the brunt of alcohol harm are exposed to increased risk, this constitutes an ethical and moral failure even if overall “collective community” harm remains statistically stable or low.¹²

- **Human Dignity and Ordered Freedom**

CST understands freedom not as unlimited choice, but as freedom ordered toward the good. Policies that increase access to potentially harmful substances such as alcohol without sufficient safeguards risk undermining human dignity, particularly where commercial interests benefit from patterns of addiction or social harm.¹³ Therefore, legislation that promotes, normalises or incentivises the potentially harmful consumption of a known toxic, psychoactive, dependence-producing (addictive), and

⁹ *The SAFER technical package*. (2019, December 11). WHO Department of Mental Health and Substance Use. <https://www.who.int/publications/i/item/9789241516419>.

<https://iris.who.int/server/api/core/bitstreams/841f9cc7-7f09-482d-a23d-0bad9ee652ef/content>

¹⁰ *Ibid.* Campbell, C. A., Hahn, R. A., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T. S., Toomey, T., Lawrence, B., & Middleton, J. C. (2009). *The Effectiveness of Limiting Alcohol Outlet Density As a Means of Reducing Excessive Alcohol Consumption and Alcohol-Related Harms*. *American Journal of Preventive Medicine*, 37(6), 556–569. <https://doi.org/10.1016/j.amepre.2009.09.028>

¹¹ Okey, S.A., Watson, T.D., & Glodosky, N.C. (2024). *Research brief: Alcohol outlet density*. Washington State Liquor and Cannabis Board. <https://lcb.wa.gov/research/briefs>

Fone, D., Morgan, J., Fry, R., Rodgers, S., Orford, S., Farewell, D., Dunstan, F., White, J., Sivarajasingam, V., Trefan, L., Brennan, I., Lee, S., Shiode, N., Weightman, A., Webster, C., & Lyons, R. (2016, March 1).

Alcohol outlet density and harm to population health: literature review. NIHR Journals Library.

<https://www.ncbi.nlm.nih.gov/books/NBK350757/>

¹² *Alcohol Outlet Density and Public Health The Problem*. (2014). Alcohol Justice Canada.

<https://www.alcoholjustice.org/wp-content/uploads/2024/02/OutletDensity2014.pdf>

CDC. (2024, April 24). *Alcohol Outlet Density Measurement Tools*. Alcohol Use.

<https://www.cdc.gov/alcohol/php/alcohol-outlet-density-tools/index.html>

¹³ *THE COMMON GOOD AND THE CATHOLIC CHURCH'S SOCIAL TEACHING*. (1996). Catholic Bishops' Conference of England and Wales. <https://www.cbcew.org.uk/plain/wp-content/uploads/sites/3/2018/11/common-good-1996.pdf>

n.82, 36, 50, 74, 77-85.

Group 1 classified carcinogen substance¹⁴ which alcohol is known to be, and increases that alcohol availability particularly for commercial gain, risks treating people as inconsequential consumers rather than persons with inherent life and dignity.

- **Evidence-Based Policy**

Regulatory reform should be demonstrably aligned with evidence-based harm-reduction goals. Efficiency and consistency must not supersede the primary ethical obligation to protect health and safety. Alcohol-related harm disproportionately affects people who are already disadvantaged. Catholic Social Teaching requires that the effects of public policy on the destitute and vulnerable be treated as a decisive moral criterion, rather than a secondary consideration or afterthought.¹⁵ Here in Aotearoa New Zealand we know alcohol-related harm falls most heavily on low-income communities, Māori, Pasifika peoples, and children exposed to alcohol abuse¹⁶. CST requires that the impacts on these groups be central, not incidental to policy evaluation.¹⁷

Recommendations:

Te Tiriti o Waitangi (Primarily clauses 4–16, 21, 24–26)

We recommend all clauses be amended to expressly recognise and give effect to Te Tiriti o Waitangi principles, including active protection, partnership, and participation, given the disproportionate alcohol-related harm experienced by Māori.

Community Objections and Subsidiarity (Primarily clauses 4–7, 8–15, 24)

We recommend opposing clauses that restrict objections to narrowly defined local criteria, as these changes risk further limiting meaningful Māori and community participation in alcohol licensing decisions.

Local Alcohol Policies and Renewals (Primarily clause 16, new section 133)

We recommend amending clause 16 to retain the ability of District Licensing

¹⁴ WHO. (2023, January 4). *No level of alcohol consumption is safe for our health*. World Health Organization; International Agency for Research on Cancer. <https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health>

¹⁵ *Catholic Social Teaching*. (2025). USCCB: United States Conference of Catholic Bishops. <https://www.usccb.org/sjp/catholic-social-teaching>.

¹⁶ Randerson, S., Wright, K., & Connor, J. (2024, October 23). *Local alcohol policies: What's the opportunity to reduce harm?* Public Health Expert Briefing. <https://www.phcc.org.nz/briefing/local-alcohol-policies-whats-opportunity-reduce-harm>

Le Va (2025). Key considerations for the inclusion of Pasifika peoples in a national prevalence study of mental health, substance use and gambling in Aotearoa. Pacific Inc Limited. <https://www.leva.co.nz/wp-content/uploads/2025/06/Le-Va-prevalence-report-web-version-1.pdf>

¹⁷ *Compendium of the Social Doctrine of the Church: Chapter Four. Catholic Culture*. <https://www.catholicculture.org/culture/library/view.cfm?id=7214> n.182

Committees to decline licence renewals inconsistent with Local Alcohol Policies, to preserve local decision-making and harm-reduction intent.

Extended Trading Hours and Availability (Primarily clause 21, new sections 45A–45G)

We recommend opposing clause 21 unless strengthened by mandatory harm-reduction measures, as extended trading hours increase alcohol availability and pose foreseeable risks to vulnerable communities.

Conclusion:

As we touched upon throughout our submission, alcohol-related harm in Aotearoa New Zealand remains a significant social issue, affecting health, family safety, community wellbeing, and economic security. Legislation in this area is therefore not morally neutral, but an expression of societal values and responsibilities, and should be carefully considered and crafted for the betterment of our society and country. We are not saying a decisive ‘no’ or voicing our complete opposition to the Bill. We are saying ‘yes’ to practical, positive, and what we believe are necessary amendments and recommendations. Yes, to the freedom from potential and predictable harm. Yes, to the freedom to choose what is good.

But to say this ‘no,’ one has to say ‘yes’ to life, ‘yes’ to love, ‘yes’ to others, ‘yes’ to education, ‘yes’ to greater job opportunities. If we say ‘yes’ to all these things, there will be no room for illicit drugs, for alcohol abuse, for other forms of addiction¹⁸.

Every form of a person’s dependence on legal substances (alcohol, medication, tobacco) and even more so on illegal drugs is an exchange of freedom for slavery; it damages the health and life of the person concerned and also does great harm to the people around [them]. Every time a person loses or forgets [themselves] by becoming intoxicated, [they] lose some of [their] human dignity and freedom.... This should be distinguished from the reasonable, conscious, and moderate use of enjoyable things.¹⁹

¹⁸NCR. (2015, September 30). *Pope’s quotes: No to drug use*. National Catholic Reporter. <https://www.ncronline.org/blogs/francis-chronicles/pope-s-quotes-no-drug-use>

¹⁹ Pope Benedict XVI. (2010). *YOUCAT Youth Catechism of the Catholic Church*. <https://irp-cdn.multiscreensite.com/635a079f/files/uploaded/YOUCAT.pdf>. #389