19 August 2015

Justice and Electoral Select Committee
Select Committee Services
Parliament Buildings
Wellington 6160

Sale and Supply of Alcohol (Extended licensing hours during Rugby World Cup) Bill

Thank you for the invitation to make a written response to your key questions regarding the Sale and Supply of Alcohol (Extended licensing hours during Rugby World Cup) Bill.

The NZCPHM is the professional body of doctors with specific expertise and interest in the practice of Public Health Medicine. Public Health Medicine is the branch of medicine concerned with the epidemiological analysis of the health and health care of populations and population groups. It involves the assessment of health and of health care needs, the development of policy and strategy, the promotion of health, the control and prevention of disease and the organisation of services to best meet those needs.

NZCPHM membership includes 193 fully qualified specialists in public health medicine, and 33 registrars who are doctors in advanced training in the specialty.

1. **Do you believe that the proposed Bill will lead to increased incidences of public harm as a result of alcohol consumption, and how do you recommend that these negative consequences are avoided and/or minimised?**

There is international evidence that links increased availability of alcohol with consumption at a community level. The Law Commission report which formed the basis of the Alcohol Reform Bill contains a detailed consideration of this evidence in a New Zealand context. It runs counter to established international policy and principles for alcohol harm reduction to increase the availability of alcohol in the way proposed by this draft Bill. The issue of northern hemisphere sporting events was considered in drafting the provisions which now form the Sale and Supply of Alcohol Act. Special licences as currently provided for (and designed to be used in this situation) could be used as an effective form of control of access to alcohol. Alternatively, the provisions on having persons on licensed premises outside of licensed hours (Section 255 of the current Act) could be amended to allow premises to open for the purposes of watching the match, partaking of food and beverages (as indicated by the licensed trade as being the principal business they will be conducting during these matches), but restricting the sale of alcohol to licensed hours.
2. **Do you think distinguishing between All Blacks games and other games would be of benefit to public health in considering the effects of increased alcohol access on public health?**

Yes, this would restrict the extension of licensed hours to a maximum of seven occasions (assuming that the All Blacks make it through to the final). It would also prevent the whole of weekend opening (overnight Saturday and Sunday nights) that would otherwise arise under the draft Bill’s provisions.

3. **How could this Bill better identify and target pubs/venues with prior liquor licensing law breaches in order to minimise incidences of harm associated with liberalised liquor licensing laws?**

The current licensing regime facilitates just such an approach. It undermines the authority of the current licensing regime to seek to implement a parallel process, with the same aims. Mechanisms within the current licensing regime which use local intelligence in the consideration of licensing decisions include: the use of statutory reporting by the Police, Medical Officers of Health and Licensing Inspectors; the use of local District Licensing Committees to make licensing decisions (including the attachment of conditions to licences to address specific problems or issues) and the use of differential licence fees associated with operating at times of increased risk or for operators with poor records. However, the current proposals within the Bill do not permit reporting on proposed increased licensed hours or the scrutiny of extended hours by DLCs. Additionally, the current Bill does not propose that any fee is charged to those premises that wish to extend their opening. We consider that the mechanisms within the current Act are proportionate and effective in identifying premises with poor records and seeking to mitigate their impact within communities.

4. **How could this Bill identify geographically problematic sites for increased alcohol availability – for example in residential areas and near schools and kindergartens – and do you think this would reduce harm associated with increased access to alcohol?**

Again, the current licensing regime facilitates such an approach. Reporting agencies are able to provide information on the impact of premises’ operation on their local communities. In addition the use of public objections as part of the licence application process is another mechanism by which communities can raise concerns and bring to the attention of the authorities issues with alcohol related harm and nuisance. However, such approaches require that there is a period during which an application for increased alcohol availability is publicly notified and passed for reporting to the statutory agencies. It also relies on the use of local scrutiny to arrive at a balance between competing local interests. The Bill as currently drafted hands over control of licensing hours decisions during the Rugby World Cup to the hospitality industry.

5. **What additional law enforcement resources do you think would be needed in order to minimise the harm associated with increased access to alcohol while these games are being screened?**

As currently drafted the Bill provides for continuous service of alcohol over four successive weekends in the early stages of the competition. The requirement within the Bill to notify the Police of an intention to open with seven days’ notice is in our view insufficient to enable operational planning by the Police. However, we are not in a position to comment with authority on the
resource implications for the Police associated with the Bill’s proposals. However we note that there is likely to be additional alcohol related harm at times outside of current opening hours.

Within the Health Service, rosters for staffing Emergency Departments during the World Cup period are either already in place or are being drawn up in most departments. It is important that the arrangements are clarified so that additional staff can be rostered if required. Currently, overnight during weekends, greater than 1 in 5 patients in our Emergency Departments are there as a consequence of alcohol. This Bill’s proposals will likely increase that proportion and also increase the occurrence outside of usual peak presentation times.

Once again, the College appreciates the opportunity to offer its comments on the proposed extended licensing hours during the Rugby World Cup.

Yours sincerely,

Dr Caroline McElnay
President, NZCPHM