

Cancer Society of New Zealand Submission to the Justice Committee on the *Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill*

About the Cancer Society of New Zealand

At Cancer Society New Zealand | Te Kāhui Matepukupuku o Aotearoa New Zealand, our vision is a future free from cancer. Since 1929, we have been the country's leading organisation dedicated to reducing the incidence and impact of cancer. We stand alongside individuals and their whānau, ensuring no one faces cancer alone. Our commitment is to support anyone, anywhere, with any cancer. Through our divisions across the motu, we deliver vital services including emotional support, practical guidance, transport to treatment, accommodation during treatment, and access to trusted information via our helpline. Beyond direct care, we advocate for better outcomes through prevention, early detection, and equitable access to treatment and care. We also invest in world-class research and innovation to advance knowledge and improve survival. Achieving a future free from cancer requires collective effort, and we are proud to partner with communities, researchers, and supporters to make this vision possible.

Working together towards a future free from cancer | Te mahi tahi mō te anamata mate pukupuku kore

Submission contact:

Emma Shields NZRD, Evidence and Insights Lead, emma@cancer.org.nz

Rachael Neumann, Head of Advocacy and Public Affairs, Cancer Society of New Zealand

rachael.neumann@cancer.org.nz

Approved by:

Dr Kate Gregory, Medical Director, Cancer Society of New Zealand

Nicola Coom, Chief Executive, Cancer Society of New Zealand

The Cancer Society would like to acknowledge Alcohol Healthwatch's advice in preparing some technical aspects of this submission.

We thank the Justice Committee for the opportunity to provide a submission on this Bill.

Find us online:

cancer.org.nz

facebook.com/cancersocietyNZ

instagram.com/cancersocietynewzealand

Executive summary

Alcohol is a well-established cause of cancer, and there is no safe level of consumption when cancer risk is considered. Everyone in Aotearoa New Zealand should have the opportunity to live healthy, safe lives free from the fear of cancer. Yet alcohol continues to cause significant harm, contributing to at least seven types of cancer, including breast, bowel, and oesophageal cancer.

Alcohol is Aotearoa New Zealand's most harmful drug. Despite this, alcohol is everywhere – in our neighbourhoods, at our local sports clubs, near our children's school – being constantly advertised and easily accessible, making it hard for any of us to avoid its harms, especially children.

There is strong national and international evidence that population-level policies reducing availability, affordability, and marketing of alcohol are the most effective and equitable ways to reduce alcohol consumption and prevent alcohol-related cancers. Even modest reductions in alcohol use leads to measurable reductions in cancer incidence.

The Cancer Society is deeply concerned that *The Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill* proposes many amendments that will further increase alcohol availability and reduce community influence over local alcohol decisions, which would ultimately lead to greater harm and cancer.

The Cancer Society submits that this Bill will increase alcohol availability in communities by:

- Allowing certain restaurants to obtain an off-licence (i.e. to sell takeaway alcohol of any kind and quantity) which could significantly increase the amount of alcohol available in communities.
- Allowing hairdressers and barbers to serve alcohol without a licence and any oversight or limits of alcohol strength.
- Failing to require all alcohol companies to check ID and intoxication on delivery of alcohol.

The Cancer Society submits that the Bill would reduce community say in alcohol decisions by:

- Limiting objections to licence applications or renewals to only those living or working in the same council area, or within one kilometre of the proposed licensed premises.
- Allowing licence applicants to respond to objections.
- Making it very difficult for communities to reduce the number of licences in their neighbourhood.

Taken together, these undo already inadequate protections for communities offered by our current alcohol laws. To ensure the people we love can live healthy lives, free from the fear of cancer, decision-makers must set higher standards for how alcohol is marketed, priced, promoted, and made available in Aotearoa New Zealand.

Public support strongly favours stronger alcohol regulation. Large majorities support consistent age and intoxication checks for online sales, limits on outlet density, stronger controls on advertising especially to protect children and mandatory cancer warning labels.

The Cancer Society therefore opposes all proposed amendments that would increase alcohol availability or reduce community protections and urges decision-makers to strengthen not weaken alcohol regulation to protect public health and reduce preventable cancer.

Below is a summary of the Cancer Society's recommendations:

- **Remove applicant right of reply:** Do not introduce a right of reply for licence applicants, as this would deter community participation and increase power imbalances without public benefit.
- **Apply Local Alcohol Policies at renewal:** Retain the ability for Local Alcohol Policies (LAPs) to be applied at licence renewal to reflect community wishes and address over-saturation.
- **Maintain club licence settings:** Keep current club licence restrictions to avoid increased alcohol availability through cheaper prices and longer trading hours.
- **Include zero-alcohol products in section 52:** Expand section 52 to recognise zero-alcohol products and enable appropriate regulation as the market grows.
- **Retain special licences for major events:** Keep special licence requirements for major televised events to preserve community-agreed trading hour protections.
- **Remove hairdressing shop exemption:** Remove the proposed exemption allowing hairdressers to serve alcohol without a licence to prevent further normalisation of alcohol.
- **Remove restaurant off-licence expansion:** Do not allow restaurants to hold off-licences, as this would increase outlet density and alcohol availability.
- **Apply delivery checks to all online sales:** Require age and intoxication checks for all online alcohol deliveries to protect children and reduce harm.
- **Restrict zero-alcohol product display:** Limit the display and marketing of zero-alcohol products to single-alcohol areas only to reduce alcohol normalisation, particularly for children.

Background

1.1 State of cancer in Aotearoa New Zealand

Cancer represents a major and escalating public health challenge in Aotearoa New Zealand. One in three people will be diagnosed with cancer during their lifetime, with approximately 30,000 new cancer diagnoses each year (excluding non-melanoma skin cancers), equating to 81 diagnoses every day¹. In addition, 10,500 New Zealanders will lose their life to cancer each year¹. Annual diagnoses are projected to rise to more than 45,000 cases within the next 15–20 years, placing increasing strain on an already pressured health system². At current levels, treatment wait times are increasing, access to internationally comparable standards of care is inconsistent, and cancer survival and long-term outcomes in New Zealand are falling behind those of comparable^{3,4}



1.2 Alcohol and cancer

Alcohol is a significant, well-established, and entirely preventable cause of cancer. It is classified as a Group 1 carcinogen, alongside substances such as tobacco and asbestos. Alcohol continues to affect too many whānau in Aotearoa New Zealand,

contributing to multiple cancers and cutting lives short.

In 2018 alone, alcohol caused an estimated 1,250 cancer cases, accounting for 4.7% of all cancers diagnosed in New Zealand¹¹. Alcohol is also recognised as Aotearoa New Zealand's most harmful drug⁵.

Alcohol products cause at least seven types of cancer, including breast, bowel, and mouth cancer^{6–7} (see Figure 1). There is no safe level of alcohol consumption when it comes to cancer risk⁸; even small amounts consumed over time increase the risk of cancer, as alcohol damages cells' DNA^{9–10} (see Figure 2 below)

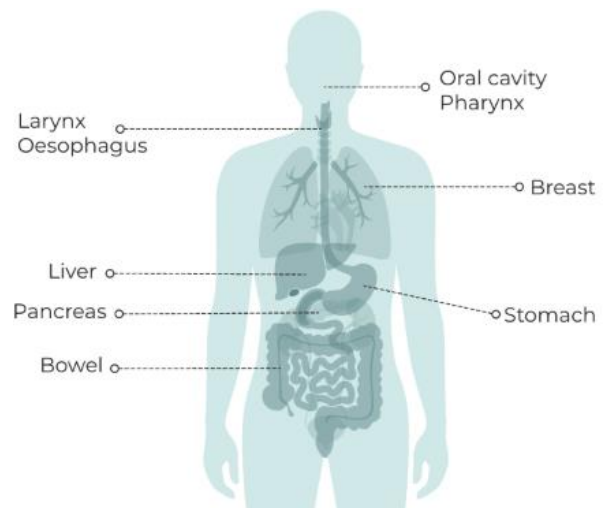


Figure 1: Cancers related to alcohol

Image source: Te Aho of Te Kahu⁷

How does alcohol cause cancer?

There are three main ways alcohol can cause cancer:

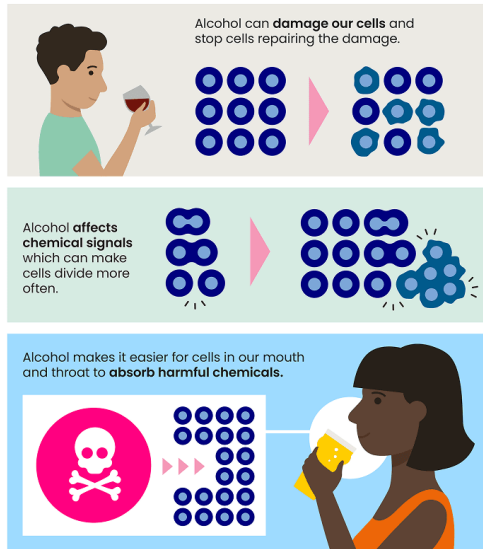


Figure 2: How does alcohol cause cancer

Image source: Cancer Research UK¹⁰

1.3 Reducing alcohol availability reduces harm including cancer

There is strong national and international evidence that policies addressing alcohol availability, affordability and marketing are the most effective and cost-effective ways to equitably reduce alcohol intakes and thereby reduce alcohol-attributable harms such as cancer¹²⁻¹⁶.

The evidence consistently shows that alcohol-attributable cancer and other harms are reduced when governments:

Reduce alcohol availability and accessibility, including limiting the number and density of alcohol outlets, restricting trading hours, and maintaining appropriate purchase age settings;

Reduce alcohol affordability, including through excise tax increases or minimum unit pricing;

Restrict alcohol advertising, marketing, and sponsorship, particularly to prevent exposure among children and young people; and

Support prevention and treatment services that reduce alcohol-related harm and assist people to reduce consumption.

Because there is no safe level of alcohol consumption in relation to cancer, reductions in consumption at any level translate into meaningful and measurable reductions in cancer incidence¹⁷.

1.4 Our alcohol laws are already inadequate to protect New Zealanders from alcohol-related harms

Despite the harm alcohol causes to individuals and society including cancer, current laws and policies continue to allow alcohol products to remain cheap, readily available, and heavily advertised¹⁴.

Alcohol harm unfairly impacts some populations and communities more than others. For example, alcohol-related cancer is experienced at higher rates and death is 2.5 times greater in Māori than non-Māori¹⁸. Past and present impacts of colonisation and associated structural and environmental factors are identified as key determinants of inequitable alcohol attributable harm and cancer risk^{19,20}

Children are also unfairly exposed to heavy alcohol marketing in Aotearoa New Zealand. Research shows they are exposed to more than five alcohol adverts a day – over half of this is attributed to multinational corporations²¹. This is also likely an underestimate of the full exposure especially in online and digital spaces, including social media^{22,23}

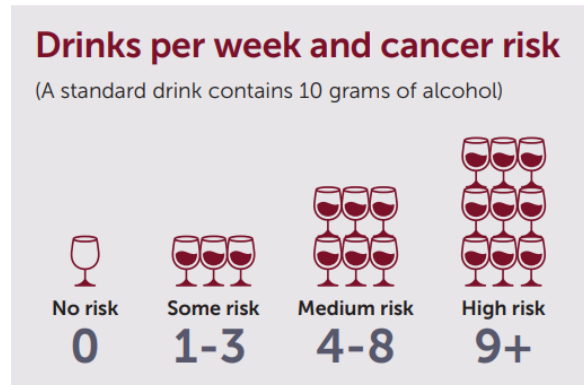


Figure 3: Drinks per week and cancer risk

Image source: Royal Society⁹

The Cancer Society supports stronger government leadership to substantially reduce the normalisation

and consumption of alcohol across the population and inequities in alcohol-attributable-cancers¹⁷.

1.5 There is strong public support for alcohol harm reduction policies

In a 2025 survey, New Zealanders overwhelmingly agreed with improving standards for how and where alcohol can be sold²⁴. Most respondents (81%) supported requiring online alcohol purchases and deliveries to meet the same age and intoxication checks as bars and shops, and 76% agreed with placing neighbourhood limits on the number of outlets selling alcohol. There was also strong support for protecting children from alcohol marketing, with 80% agreeing that alcohol advertising should not reach children in any way and 62% supporting a complete ban on alcohol advertising and sponsorship. Additionally, 66% of respondents agreed that alcohol products should carry a clearly visible warning label stating that alcohol causes cancer.

2. The Cancer Society’s recommendations on the proposed Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill

Table 1: Summary of recommendations

(refer to the Comments and Recommendations section below for more information)

Recommendation	Reason
The Cancer Society recommends continuing to allow anyone in New Zealand to object to a licence.	Restricting objections to territorial authority (TA) boundaries would limit legitimate community participation, exclude Māori cultural connections and national public health expertise, and reintroduce significant administrative burden for councils.

<p>The Cancer Society recommends removing the amendment that offers licence applicants a right of reply.</p>	<p>Introducing a formal right of reply would exacerbate existing power imbalances, risk discouraging community engagement, and create additional administrative burden for councils without evidence of public benefit.</p>
<p>The Cancer Society recommends retaining the ability for licence renewals to reflect local alcohol policy.</p>	<p>Allowing licensing committees to apply local alcohol policies to renewals supports democratic community decision making, enables responses to licence over-saturation, and aligns with the original intent of the Act.</p>
<p>The Cancer Society recommends maintaining current settings for club licences.</p>	<p>Permitting clubs to hold on-licences would increase alcohol availability through cheaper pricing and extended trading hours, contributing to increased alcohol consumption and related harm.</p>
<p>The Cancer Society recommends expanding section 52 to include zero alcohol products.</p>	<p>Including zero alcohol products enables appropriate recognition and regulation of a growing market and may support people seeking to reduce alcohol consumption, while evidence on public health impacts continues to develop.</p>
<p>The Cancer Society recommends retaining the special licence process for major televised events.</p>	<p>Exemptions would override community agreed trading hours, reduce local oversight, and undermine evidence-based protections designed to minimise alcohol related harm.</p>
<p>The Cancer Society recommends removing new section 12A, which exempts hairdressing shops from licensing requirements.</p>	<p>Allowing alcohol service without licensing oversight would further normalise alcohol use, risk excessive alcohol being served due to unclear strength limits, and create precedent for expansion into other non-hospitality settings.</p>
<p>The Cancer Society recommends removing the amendment allowing certain restaurants to hold off licences.</p>	<p>This change would increase alcohol outlet density, availability, and competition, leading to greater exposure to alcohol and increased risk of alcohol related harm in communities.</p>
<p>The Cancer Society recommends widening rapid delivery requirements to all online alcohol sales.</p>	<p>Applying consistent age and intoxication checks to all alcohol deliveries would strengthen safeguards, reflect strong public support, and reduce risks associated with remote access to alcohol.</p>

<p>The Cancer Society recommends restricting the display and marketing of zero alcohol products to single alcohol areas only.</p>	<p>Zero alcohol products closely resemble full strength alcohol products, and limiting their display and marketing reduces normalisation of alcohol imagery and unintended promotion, particularly among children and young people.</p>
---	---

3. Comments and Recommendations

3.1 Subpart 1—Amendments relating to general licensing process

Restrictions on objections

1. The Cancer Society opposes the amendment to confine licence objections to within the TA or 1km of the licence premise. Re-introducing objections to within the TA may hinder genuine community participation.
2. There are many genuine reasons why communities may have an interest in an alcohol licence, but where they may either live, work, or have other interests outside their TA, including religious or educational ties.
3. The proposed changes do not consider Māori cultural links of whakapapa, local hapū involvement or kaumatua status. Often these links will go beyond the boundaries of a TA. For example, for a kaumatua whose interest is part of a wider region than a TA, but they themselves do not reside in the TA. Given the disproportionate harm, including cancer, from alcohol to Māori communities¹⁸, and Māori rights under Te Tiriti o Waitangi, it is important to ensure those with cultural links to areas can continue to have their say on the provision of alcohol²⁰.
4. National organisations like Cancer Society who have national reach and serve communities across Aotearoa New Zealand would be prohibited from making objections under this amendment. This limits efforts to address alcohol-related harm across Aotearoa New Zealand. Organisations like ours can bring expertise in public health and limiting this participation risks narrowing the evidence base available to decision-makers, who might benefit from nationally consistent data, research insights, and experience drawn from multiple regions.
5. This amendment may further disproportionately disadvantage individuals and communities given there are situations where licence applicants themselves may have their main place of business in another TA.
6. Further to point 18, this proposed change would also lock communities out of having a say on local alcohol deliveries. It is unfair to allow any off-licence to deliver any quantity and type of

alcohol at any speed anywhere in the country, whilst restricting community objections to within the TA boundary.

7. Allowing anyone to object is particularly important for off-licences, as the alcohol is taken and consumed off-site. This means that the harm can be felt much further from the premises. This is in comparison to on-licences (e.g. bars or taverns), where the harms tend to occur closer to the premise itself.
8. This change will also reintroduce substantial administrative burden back onto Councils. The time and cost-savings to Councils from not having to assess each community objection for standing is estimated to be considerable. Reintroducing standing to the TA will mean that each individual objection must once again be evaluated, adding significant time and costs to both Councils and licence applicants.
9. Furthermore, the requirement for communities to 'certify' their standing to the committee appears unnecessary at an initial objection stage. We are concerned that a certification process (which may involve sending through official documents or having these signed or sighted by a Justice of the Peace) will be extremely onerous and off-putting to communities. Even more simple Council forms can present barriers to access as they can be difficult for many community members to understand and navigate.

Recommendation 1: Continue to allow anyone in Aotearoa New Zealand to object to a licence

Right to respond to objections

10. The Cancer Society does not support the amendment to allow licence applicant a right of reply.
11. There is already a real imbalance between alcohol businesses and communities' ability to influence alcohol decisions. There is a risk that a formal right of reply could intimidate and put off objectors, further creating an imbalance of power. Licence applicants overwhelmingly use lawyers and there is a risk that they may knowingly or unknowingly use the right of reply process to intimidate community members through lengthy, formal, and intimidating responses.
12. Finally, the task of processing all the right-of-replies will again fall to Councils and introduces yet another administrative burden with no additional resource or support.

Recommendation 2: Remove amendment to offer licence applicants a right of reply

Renewal of licences

13. The Cancer Society opposes the amendment to remove the ability for licensing committees to make licensing decisions on renewals that reflect the relevant LAP.
14. The proposed changes could make it more difficult for communities to address over-saturation of licences in areas, particularly high deprivation areas.
15. If a LAP has been developed correctly, it is representative of the community view on the provision of alcohol. It is therefore democratic to continue to allow the licensing committee the ability to apply the policies of the LAP to a licence renewal if applicable.
16. While it is rare for an alcohol licence to be declined, it remains important to allow the licensing committee to be able to decline a licence if it is inconsistent with community wishes. For example, if a new development with a number of schools is built next to an existing off-licence, and the community wishes (through the LAP) have already stipulated they don't want liquor stores near schools, it is important to continue to give the licensing committee the option to decline the licence.
17. The original intent of the Act was 'to make licences harder to get and easier to lose'. Keeping the status quo aligns with this intent by giving licensing committees more tools to use when considering licence applications and seeking to address high levels of alcohol harm.

Recommendation 3: Continue status quo to allow decisions on licence renewals to reflect the relevant local alcohol policy.

3.2 Subpart 2 – Amendments relating to club licences and on-licences

Club licences

18. The Cancer Society opposes the ability for clubs to be permitted to hold an on-licence.
19. Many clubs can sell alcohol cheaply due to low or no overhead costs, including no staffing costs (as many staff are volunteers). Opening the potential for the sale of very cheap alcohol out to the public presents considerable risk.
20. There is a strong, consistent body of research demonstrating that the price of alcohol is a key driver of demand. Increasing the price of alcohol is listed by the World Health Organization as one of the three recommended 'best buy' interventions to reduce harmful drinking and prevent the growing burden of non-communicable diseases, including cancer ¹².
21. Of all alcohol policies, alcohol pricing policies are among the most effective and cost-effective strategies for reducing consumption and inequities in harm ^{15,25–27}.

22. Alongside concerns around the increased provision of cheaper alcohol, with more clubs switching to on-licences they may have longer trading hours than their current club licence. This also increases alcohol availability and the likelihood of subsequent harm ¹⁴.

Recommendation 4: Continue status quo for club licences

Zero alcohol products

23. The Cancer Society supports expanding section 52 to include zero-alcohol products.
24. Zero alcohol products have grown substantially in recent years, in terms of availability and consumer demand ²⁸.
25. Zero alcohol products can provide an alcohol-free alternative to alcoholic beverages and may be a suitable option for individuals seeking to reduce their alcohol intake.
26. Zero alcohol products can only provide a public health benefit if they are used as a replacement for alcoholic products. However, research is limited as to if they do this ²⁹.

Recommendation 5: Expand section 52 to include zero-alcohol options

Exemptions for major televised events

27. The Cancer Society opposes exemptions from special licences for major televised events as this policy would undermine the object of the Act.
28. Restricting the trading hours of licensed premises has one of the greatest impacts on reducing harm. This is because a consistent and strong body of high-quality evidence has demonstrated the impact of on-licence trading hours on alcohol-related harm ³⁰.
29. In many parts of the country, trading hours have been agreed upon following consultation with the community. This proposed change would over-ride trading hours agreed by community through a LAP.
30. The 2010 Law Commission report recommended that trading hours should not exceed the national trading hours. This was recommended because the longer trading hours are, the greater the chance for alcohol-related harm ¹⁴.

Recommendation 6: Continue to process considerations around major televised events in a consistent manner through the special licencing process.

3.3 Subpart 3 - Amendments relating to special licences

31. The Cancer Society submits an overall comment that the amendments to Subpart 3 appear to weaken current alcohol laws by removing a number of the current requirements required for special licences.
32. Overall, these changes appear to take control away from local communities and decision-makers, devolving this to national regulations which may be less robust, protective and aligned with community wishes.

3.4 Subpart 4 - Other amendments

New section 12A inserted (Hairdressing shops exempted if certain conditions met)

33. The Cancer Society opposes the amendment to allow hairdressing shops to serve alcohol without an alcohol licence. Expanding the alcohol environment into further settings could lead to modest increases in population alcohol intake and risks further normalising alcohol, where alcohol is seen as ubiquitous and a normal part of our lives.
34. The Cancer Society is concerned that when defining the serving of qualifying alcohol, the millilitre amount has been specified but not the strength of alcohol.
35. As there are varying strengths of alcohol, this could mean that far more than one standard drink might be served. For example, if serving a high-strength beer, a 330ml serve could equate to 4.2 standard drinks. If serving a strong spirit, a 30ml serve could equate to 3.4 standard drinks.
36. As well as this, the concept of a standard drink is poorly understood and often confused. People have difficulties understanding what a standard drink is when pouring, and over-pouring is common^{31,32}.
37. Finally, we are concerned that this presents a slippery slope. If hair salons can serve alcohol without a licence, other service businesses (such as gyms or businesses with waiting rooms) could also lobby for the privilege of serving alcohol without a licence also.

Recommendation 7: Remove new section 12A (Hairdressing shops exempted if certain conditions met).

Certain restaurants permitted to hold off-licence

38. The Cancer Society opposes the amendment to allow certain restaurants to be permitted to hold an off-licence.

39. We are concerned this amendment will lead to a significant increase in alcohol outlets and availability in communities across Aotearoa New Zealand. Alcohol is already everywhere in our communities and most people in Aotearoa New Zealand don't want it to be ²⁴.
40. High numbers of alcohol outlets can increase harm through increasing the accessibility of alcohol (reducing time/distance to access alcohol) and increasing price competition which lowers the price of alcohol. Outlets also present problems in terms of harmful exposure to alcohol advertising.
41. It is possible that restaurants that do not currently have a retail arm will start one for the purpose of obtaining an off-licence. Restaurants may start to view this as a profitable side-arm and begin to routinely apply for off-licences. This could result in a substantial and harmful increase in off-licence density, increasing the availability of alcohol in communities.

Recommendation 8: Remove Section 32 amendment to allow certain restaurants to hold an off-licence.

Requirements relating to rapid delivery of alcohol sold by remote sale

42. The Cancer Society acknowledges that age and intoxication checks on delivery are vital for reducing harm and ensuring that children and intoxicated people are not supplied with alcohol.
43. The Cancer Society supports introducing age and intoxication checks for online alcohol delivery.
44. The Cancer Society supports ensuring a person is present to receive the alcohol delivery.
45. The Cancer Society supports not allowing minors to deliver or receive alcohol orders.
46. The Cancer Society recommends that the scope of these changes be widened to encompass all alcohol sold online and delivered.
47. Research from Auckland shows that rapid delivery orders (defined as orders delivered within two hours of being placed) were more likely to check ID than the rest of the orders ³³. Only 7% of non-rapid delivery companies checked ID every time and 56% of rapid delivery companies checked ID every time. Rapid delivery companies UberEats and DoorDash checked ID every time ³³.
48. There is strong community support for this measure, with 81% agreeing that online purchases and deliveries be subject to the same age and intoxication checks as bars and shops in a 2025 survey ²⁴.
49. We submit that rapid delivery of alcohol requires further regulation given the many potential harms from it, including increase in access to alcohol and a greater range of products than available locally and increase potential exposure to alcohol advertising.

Recommendation 9: Widen the scope of this amendment to encompass all alcohol sold online and delivered.

Display of non-alcoholic beverages in supermarkets and grocery stores

50. The Cancer Society supports the proposed change to allow zero-alcohol products to be displayed in single-alcohol-areas but recommends that zero-alcohol products only be allowed to be displayed in these areas in the same manner as alcohol products.
51. The Cancer Society supports banning the marketing of zero alcohol products outside of the single-alcohol area.
52. Zero alcohol products portray similar imagery, drinking depictions, and naming to alcoholic products, their marketing is considered as 'line extension'. They often have near identical packaging and appearance to their full-strength counterparts.
53. Research is limited on the impact of zero alcohol products on population health but emerging to suggest that young people who see and like zero-alcohol product advertisements have more favourable attitudes towards and stronger intentions to consume parent alcohol brands³⁴

Recommendation 10: Only allow zero alcohol products to be displayed in these areas in the same manner as alcohol products and ban marketing of zero alcohol products outside the single-alcohol area.

References

1. Health New Zealand Te Whatu Ora. Cancer Web Tool. <https://tewhatuora.shinyapps.io/cancer-web-tool/>. 2024.
2. Te Aho o Te Kahu - Cancer Control Agency. The State of Cancer in New Zealand 2025 | He Pūrongo Mate Pukupuku o Aotearoa New Zealand 2025. 2025. Accessed December 16, 2025. <https://teaho.govt.nz/index.php/reports-and-numbers/reports/state-cancer-new-zealand-2025>
3. Araghi M, Fidler-Benaoudia M, Arnold M, et al. International differences in lung cancer survival by sex, histological type and stage at diagnosis: an ICBP SURVMARK-2 Study. *Thorax*. 2022;77(4):378-390. doi:10.1136/THORAXJNL-2020-216555
4. Elwood M. Cancer outcomes in New Zealand and other countries: how are we doing? Published online 2024. doi:10.1177/10732748231152330
5. Crossin R, Cleland L, Wilkins C, et al. The New Zealand drug harms ranking study: A multi-criteria decision analysis. *Journal of Psychopharmacology*. 2023;37(9):891-903. doi:10.1177/02698811231182012
6. American Institute for Cancer Research, World Cancer Research Fund. *Alcoholic Drinks and the Risk of Cancer*. 2018.
7. Te Aho o Te Kahu. *Pūrongo Ārai Mate Pukupuku Prevention Report*. 2022.
8. Anderson BO, Berdzuli N, Ilbawi A, et al. Health and cancer risks associated with low levels of alcohol consumption. *Lancet Public Health*. 2023;8(1):e6-e7. doi:10.1016/S2468-2667(22)00317-6
9. Royal Society. *Ka Hua Mai Te Mate Pukupuku I Te Inu Waipiro – Alcohol Causes Cancer*. 2024. Accessed April 21, 2026. <https://www.royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/alcohol-causes-cancer>
10. Cancer Research UK. How does alcohol cause cancer? 2026. Accessed April 22, 2026. <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/alcohol-and-cancer/how-does-alcohol-cause-cancer>
11. Chambers T, Mizdrak A, Jones AC, Davies A, Sherk A. Estimated alcohol-attributable health burden in Aotearoa New Zealand New Zealand. Published online August 19, 2024. doi:10.60967/HEALTHNZ.27048892.V1
12. World Health Organization. *Tackling NCDs: Best Buys and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases, 2nd Ed*. 2024. Accessed April 17, 2025. <https://www.who.int/publications/i/item/9789240091078>
13. Galea G, Ekberg A, Ciobanu A, et al. Quick buys for prevention and control of noncommunicable diseases. *The Lancet Regional Health - Europe*. Published online March 24, 2025:101281. doi:10.1016/J.LANEPE.2025.101281
14. Law Commission. *Alcohol in Our Lives: Curbing the Harm*. 2010.

15. Chambers T, Mizdrak A, Herbert S, Davies A, Jones A. The estimated health impact of alcohol interventions in New Zealand: A modelling study. *Addiction*. 2024;119(1):125-136. doi:10.1111/ADD.16331
16. Gapstur SM, Mariosa D, Neamtiu L, et al. The IARC Perspective on the Effects of Policies on Reducing Alcohol Consumption. *New England Journal of Medicine*. 2025;392(17):1752-1759. doi:10.1056/NEJMSR2413289
17. Cancer Society of New Zealand. Alcohol and cancer. 2021. Accessed April 21, 2026. <https://www.cancer.org.nz/about-us/our-advocacy-work/position-statements/alcohol-and-cancer/>
18. Connor J, Kydd R, Maclennan B, Shield K, Rehm J. Alcohol-attributable cancer deaths under 80 years of age in New Zealand. *Drug Alcohol Rev*. 2017;36(3):415-423. doi:10.1111/dar.12443
19. Muriwai E, Huckle T, Romeo JS, Centre WR. Māori attitudes and behaviours towards alcohol. Published online 2018. Accessed April 22, 2026. www.hpa.org.nz
20. Maynard K. 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. Published online May 30, 2022. doi:10.60967/HEALTHNZ.26508373.V1
21. Worters T, McKerchar C, Watkins L, Gage R, Signal L. Public health and harmful advertising: The nature and extent of children’s real-time exposure to unhealthy commodity marketing. *Soc Sci Med*. 2025;375:118055. doi:10.1016/J.SOCSCIMED.2025.118055
22. Gupta H, Pettigrew S, Lam T, Tait RJ. A Systematic Review of the Impact of Exposure to Internet-Based Alcohol-Related Content on Young People’s Alcohol Use Behaviours. *Alcohol Alcohol*. 2016;51(6):763-771. doi:10.1093/alcalc/agw050
23. Donaldson SI, Russell AM, La Capria K, et al. Association between exposure to digital alcohol marketing and alcohol use: a systematic review and meta-analysis. *Lancet Public Health*. 2025;10(11):e912-e922. doi:10.1016/S2468-2667(25)00219-1
24. Shields E, Wright K, Borland A, Connor J, Randerson S, Maynard K. New Zealanders strongly support policies to curb alcohol harm – will government listen? Public Health Communications Centre. 2025. Accessed December 16, 2025. <https://www.phcc.org.nz/briefing/new-zealanders-strongly-support-policies-curb-alcohol-harm-will-government-listen>
25. Health and Disability System Review. *Health and Disability System Review: Final Report / Pūrongo Whakamutunga*. 2020.
26. Gallet CA. The demand for alcohol: a meta-analysis of elasticities. *Australian Journal of Agricultural and Resource Economics*. 2007;51(2):121-135. doi:10.1111/J.1467-8489.2007.00365.X
27. Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction (Abingdon, England)*. 2009;104(2):179-190. doi:10.1111/J.1360-0443.2008.02438.X

28. Brewers Association of NZ. Brewing in New Zealand - 2022 Report. 2022. Accessed April 21, 2026. <https://www.brewers.org.nz/2022-brewing-in-nz-report/>
29. Miller M, Pettigrew S, Wright CJC. Zero-alcohol beverages: Harm-minimisation tool or gateway drink? *Drug Alcohol Rev.* 2022;41(3):546-549.
30. Babor TF, Casswell S, Graham K, et al. Alcohol: No Ordinary Commodity: Research and public policy. *Alcohol: No Ordinary Commodity*. Published online November 29, 2022. doi:10.1093/OSO/9780192844484.001.0001
31. Devos-Comby L, Lange JE. "My drink is larger than yours"? A literature review of self-defined drink sizes and standard drinks. *Curr Drug Abuse Rev.* 2008;1(2):162-176. doi:10.2174/1874473710801020162
32. Kerr WC, Stockwell T. Understanding standard drinks and drinking guidelines. *Drug Alcohol Rev.* 2012;31(2):200-205. doi:10.1111/J.1465-3362.2011.00374.X
33. Sneyd S, Richardson M. Online alcohol deliveries: age verification processes of online alcohol delivery companies in Auckland, New Zealand. *NZ Med J.* 2024;137(1606):13-21. doi:10.26635/6965.6433
34. Bartram A, Ahad MA, Bogomolova S, et al. Adolescents' Exposure to Zero-Alcohol Advertisements and Attitudes and Consumption Intentions Towards Alcohol: A Cross-Sectional Study. *Drug Alcohol Rev.* 2026;45(2). doi:10.1111/DAR.70125