Received: 30 June 2024 | Revised: 11 December 2024 | Accepted: 15 December 2024

DOI: 10.1111/dar.13997

ORIGINAL PAPER

Drug and Alcohol REVIEW APSAD WILEY

Systemic inequities in alcohol licensing: Case studies in eight Aotearoa New Zealand communities

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Funding information
Te Hiringa Hauora/Health Promotion Agency, Promotion arm of the National Public Health Service, Te Whatu Ora - Health New Zealand, Grant/Award Number: RIPA 2018-21

Abstract

Introduction: Many countries, including Aotearoa New Zealand, have socioeconomic and ethnic inequities in alcohol outlet density, yet the potential contribution of alcohol licensing systems is almost unexplored. After licensing reforms in Aotearoa in 2012, community groups and Māori (the Indigenous people) continued to struggle to influence decisions, prompting calls for reform and authority for Māori reflecting Te Tiriti o Waitangi obligations. This study explored factors in the failure of public objections in under-resourced neighbourhoods.

Methods: In a descriptive, multimethod qualitative study, we analysed eight decisions to grant off-licence approvals in socioeconomically deprived areas. Each licence was opposed. Hearing participants and local residents were interviewed. Data were thematically analysed to identify factors affecting objector influence, alignment with Indigenous rights and residents' awareness of alcohol issues and licensing processes.

Results: Residents identified relevant local harms but were largely unaware of opportunities to object. Objectors faced structural barriers to accessing and influencing hearings that were exacerbated by resource challenges, including travel costs, lost income, competing social issues and limited legal representation. Evidence of area deprivation supported objectors' arguments regarding risk, but a lack of official data on harms undermined them. Māori input was excluded by legal barriers and failures to recognise relevant rights and elements of culture.

Discussion and Conclusions: Structural barriers, including racism, restricted the influence of under-resourced communities and Māori in licensing decisions and weakened risk assessment, which may hinder community efforts to reduce their disproportionate exposure to alcohol outlets. Licensing systems should be reviewed from equity and Indigenous perspectives.

KEYWORDS
alcohol licensing, alcohol outlet density, Indigenous rights, inequity, structural racism

1 | INTRODUCTION

The disproportionately high concentration of off-licence alcohol retail outlets in socioeconomically disadvantaged areas is a longstanding social injustice in several high-income countries, including Aotearoa New Zealand [1–4]. Ethnic inequities are also apparent here; neighbourhoods with a higher-than-average proportion of Māori (the Indigenous people) residents have 32% more alcohol outlets than those with a lower proportion [5].

Relationships between alcohol outlet density and violent offences are well established [6], and a growing body of studies show that off-licence outlet density is positively associated with violence, crime, public disorder, property damage and reduced amenity [7]. Surveys of harm caused by others' drinking from several countries suggest this alcohol-related disorder disproportionately affects how safe women and younger people feel in public spaces [8–12]. Off-licence density is also linked to increased consumption and higher-risk drinking patterns [13]; for instance, greater off-licence density has been associated with increased risky and heavy-episodic drinking among lower-income groups but not high-income groups in Scotland, possibly because people with less income spend more time in their neighbourhood [14]. Variations in alcohol outlet distribution may therefore contribute to the socioeconomic inequities found in alcohol attributable mortality [15].

As alcohol licensing systems impact availability, it is relevant to assess their role in the inequitable distribution of retail outlets. Some studies indicate lower rents may attract alcohol retailers to lower-income areas, particularly if near wealthier areas with higher demand for alcohol [16, 17]. Others have suggested residents with less income have less capacity to prevent new outlets opening due to having lower residential stability, financial resources and social capital to draw on in engaging in planning and licensing processes [18]; however, inequities within such processes have seldom been studied.

In Aotearoa New Zealand, concern over the proliferation of off-licence outlets in socioeconomically deprived areas was recognised in the development of the *Sale and Supply of Alcohol Act* 2012 ('the Act'), which was intended to give communities more say over where alcohol is sold [19]. The Act enabled licence objections based on alcohol's impact on amenity and disorder and introduced a new harm minimisation objective. However, public objections remained largely unsuccessful [20], and many local governments struggled to use new powers to restrict new licences in specific areas through Local Alcohol Policies, which may limit outlet density and proximity to sensitive sites [21].

In addition, the Government has been challenged for failing to support Māori authority in decisions about alcohol, contrary to Government commitments to uphold Māori self-determination set out in Te Tiriti o Waitangi ('*Te Tiriti*' – the Māori language version of the treaty between Māori and the British Crown that is the founding document of New Zealand) and despite alcohol harm being disproportionately high among Māori in the colonial context [22, 23].

This study examined the factors influencing the outcome of community objections to off-licence applications for alcohol-specific retail outlets (i.e. liquor stores) in socioeconomically deprived communities. These are often small-scale stores, which typically serve local residents and sell all types of alcohol products (grocery or supermarkets in Aotearoa New Zealand only sell beer and wine). The study builds on a prior legal analysis by LG, which identified four areas of legal argument in off-licence hearings that affect the outcome of public objections [24].

2 | METHODS

A multimethod approach was used to investigate eight case study off-licence hearings for alcohol-specific outlets involving qualitative interviews with hearing participants and residents and content analysis of licensing decisions.

We purposively selected individual cases heard between 2017 and 2019 in which the licence was granted despite community objections regarding local effects of alcohol, in suburban locations with greater socioeconomic deprivation (Table 1). Stakeholders in alcohol regulatory roles initially proposed 20 off-licence hearings held in the time period, of which 11 met our criteria. The final eight were selected based on achieving a geographical spread and lower socioeconomic status. A majority of the locations had higher than average proportions of Māori and Pasifika residents. The sites are not named to avoid stigmatising the communities.

We focused on hearings where objections failed as this was the typical outcome and ran counter to government intentions in passing the Act; for instance, from 2014 to 2018 in Auckland, public objections were successful in 2% of hearings, rising to 33% only when alcohol regulatory officials also opposed [20].

Semi-structured telephone interviews were conducted with 48 hearing participants comprised of community objectors ($n = 14$) and their legal advocates ($n = 3$), objectors from the local authority community board ($n = 2$), one Māori warden (agents involved in community support, safety and minimising alcohol harm among

TABLE 1 Features of the case study hearings.

Case	Application type	Area deprivation (decile[a])	Community objectors at hearing (*n*)	Reporting agencies opposed	Interviewees (*n*)
A	Renewal	9–10	1	Police, Medical Officer of Health	7
B	New	4–7	1	Police, Medical Officer of Health, Licensing Inspector	4
C	Renewal	9–10	4	None	6
D	New	6–10	3	Police, Medical Officer of Health	7
E	New	8–10	4	Medical Officer of Health, Licensing Inspector	6
F	Renewal	9–10	4	None	7
G	Renewal	9–10	2	None	5
H	New	9–10	2	Police	6

[a]Decile 10 is the highest socioeconomic deprivation score, as measured by NZDep 2018.

Māori), District Licensing Committee (DLC) members ($n = 2$), licensees ($n = 2$) and their legal representatives (n = 2) and the '*reporting agencies*' who are required by the Act to assess licence applications: licensing inspectors ($n = 6$), Medical Officers of Health ($n = 6$) and police ($n = 7$). Participants were asked about the perceived influence of community objectors on the decision, the local impacts of alcohol sale, factors that affected objectors' engagement in the licensing process, the role of Te Tiriti in licensing and ways the process might be improved (see Appendix S1). The average interview length was 16 min (range 4 to 39 min).

Approximately 20 residents living close to each outlet ($n = 155$) were interviewed at home regarding neighbourhood impacts of alcohol, their awareness of the recent licence application and their views on the application. Interviewers approached households along the shortest public walking route towards the alcohol outlet starting from the street address nearest to randomly selected points 250 to 500 m from each outlet. The points were randomly generated in GIS software using the random points feature in QGIS. A minimum distance between points was specified to prevent clustering and in one location points falling in a wide river were excluded and additional points generated. Interviewees were aged 16 and older and had resided in the area for at least 2 years prior to the licence hearing. Respondents were of diverse ethnicities (Table 2) and a broad range of ages (median 45, range 16 to 92); 56% reported their sex as female and 44% as male.

The community interviewers were familiar with each district and were provided with training and structured interview guides. The interviews involved a variety of open, closed and probing questions in a branching format (see Appendix S2). A local map was provided to enable residents to circle locations where alcohol issues occur.

TABLE 2 Participant ethnicities.

Ethnicity	Percentage[a]
New Zealand European[b]	40
Pacific peoples (total)	29
Samoan	11
Cook Islands Māori	5
Tongan	5
Pacific not further defined	3
Niuean	2
Fijian	2
Fijian–Indian	1
Māori	25
Asian	8
Other European	5
Middle Eastern	1

[a]Adds to more than 100% as participants identified with more than one ethnicity.
[b]Includes Pākehā, New Zealander, Kiwi, European not further defined.

The average interview length was 11 min, and the range was 5 to 22 min.

All interviews were recorded and transcribed. Ethical approval was obtained from Massey University, and all aspects of the study were conducted in compliance with Massey guidelines.

Licence decisions are written by the DLC chair or the presiding judge of the appeals authority. The decisions contain a summary of each participant's objections, evidence and responses to questions, including a record of any formal opposition lodged by the reporting agencies and any supporting information or responses provided by applicants. The decision is preceded by a summary of reasoning for the decision or at the least an evaluation of the

application against the licensing criteria and the object of the Act. The decisions ranged from 9 to 35 pages in length.

LG conducted an initial content analysis of the eight written licence decisions to identify factors that appeared to affect the outcome of objections, framed by the common areas of argument identified in the legal analysis: who may object, amenity and good order concerns, the suitability of the applicant and the extent of alcohol-related harm. The Act defines harm broadly as harms to individuals, a community or society, including crime, damage, disorderly behaviour, injury, death, disease or illness, caused directly or indirectly by excessive or inappropriate consumption. LG and SR supplemented this by analysing related interview responses from hearing participants at a semantic level.

SR conducted additional semantic content analysis of the written decisions and interviews to identify issues relating to congruence with Indigenous rights in Te Tiriti, guided by critical Tiriti policy analysis [25] ('Te Tiriti' differs from the English language version (the 'Treaty of Waitangi'); we refer specifically to the Indigenous version, which under international law takes precedence where differences arise, while some interviewees refer to The Treaty of Waitangi).

The interviews with residents were thematically analysed by JL and SR using a deductive frame that considered descriptions of neighbourhood amenity and any alcohol-related effects relevant to licensing. The proportion of those reporting awareness of the recent licence application was calculated.

Data from each source were triangulated in a deductive thematic analysis directed by the research question. Agreement on themes was reached through discussion between the authors and returning to the data for clarification where needed. In the discussion, comparisons are made with factors that supported both successful and unsuccessful objections identified in the prior legal analysis.

3 | RESULTS

3.1 | Legal and procedural barriers to entry to the hearing process

Several participants identified aspects of the licensing system that discouraged and excluded the involvement of residents. Some noted that the processes used to notify the public of licence applications could limit participation:

> 'So the process is not a good process in terms of notification to the public, the public have to go looking for it as opposed to being alerted, so people that understand the district licensing process know where to look, but the community at large are not aware ... Unless you knew the process or steps in the process, you actually wouldn't really know much about renewal licences or objecting to the licensing application.'
>
> (Local Authority Community Board Member)

The potential impact was apparent in the interviews with local residents; 83% did not recall being aware of the application, while a majority stated they would have objected if they had been informed. The community objectors who did attend the hearings typically had prior awareness through being engaged in a community organisation or an elected or statutory role, or past objections.

Community objectors found it was challenging to meet the legal requirements for entry to hearings, including the 15-day timeframe to file an initial written objection, which must address at least one matter relevant to the licensing legislation.

Objectors' right to speak or 'standing' was challenged again by the legal representation of the licence applicant at the outset of five of the hearings. Standing was specified in the Act as having a specific interest in the application beyond any interest the public might have generally, for example, through case law, and this was interpreted as residing or doing business within 2 km of the premises, holding a statutory role relating to alcohol or holding a public office serving the locality. In three hearings, these challenges resulted in objections being excluded or given less weight in the DLC's decision.

3.2 | Accessibility of hearings

Hearings can require a day or more to attend, and participants indicated that the use of venues outside the community concerned and during working hours were barriers to engagement:

> 'The hearings themselves need to be in more of a community friendly process, either on a marae [a Māori community hub] or in a community hall, or somewhere where the community can actually access ... it would be really helpful to the community if they were held at a time that would suit them, either on a Saturday morning or even in the late afternoon, so that people who work and who are generally interested, are able to attend.'
>
> (Community Objector)

3.3 | Resource limitations affecting participation

Several objectors from the most deprived communities in this study noted that a lack of resources limited their capacity to engage in the licensing process and make an effective objection, including the time needed to gather evidence or collaborate with others. The financial cost of taking unpaid time off work was raised, and comments in one neighbourhood indicated other social issues could take priority or mean resources were stretched further:

> 'I must say that there's so much happening in our communities at the moment. You've got all this, you've got gambling, you've got methamphetamine, you've got domestic violence you've got kids getting taken [by] CYFS [a child protection service], you've got all this stuff going on and I must admit it's been pretty hard for me to focus on this.'
>
> (Community Objector)

Each of these barriers to participation was likely to have limited the number of objectors and the volume of evidence presented; four or fewer objectors were present at the case study hearings. Although greater numbers of written objections were lodged, DLCs stated they gave little weight to these as the objector did not attend the hearing.

3.4 | Failures to facilitate Māori involvement and uphold Te Tiriti responsibilities

Written decisions and interviews with the four Māori objectors indicated other ways the licensing framework, processes and decisions had actively discouraged and excluded input from Māori, as outlined below. The issues represented breaches of Māori rights protected by Te Tiriti, that is rights to have authority in decisions impacting Māori communities and to the protection of Māori culture, such as customary forms of leadership and language, despite acknowledgement that government systems and processes need improvement in this respect [26].

3.4.1 | Failures by decision makers to recognise aspects of Māori culture and Te Tiriti obligations

DLCs sometimes failed to recognise or affirm relevant elements of Māori culture as being sufficient to accord standing and rights to give evidence, such as traditional leadership roles or whakapapa (ancestral ties) to a location. In one hearing, residents had provided evidence of alcohol harm to a community leader as their māngai kōrero (authoritative spokesperson – an accepted practice in Māori culture), but it was excluded from consideration because of hearsay rules; that is, he had not witnessed the issues. Another decision followed the precedent of preferring the evidence of reporting agencies over that of objectors, including Māori community leaders. This was described as a conflict with Te Tiriti:

> 'I thought that the decision really was saying if we're not going to get any opposition from the Medical Officer of Health and from the Police then we're obliged to grant the licence... I thought it was very conservative but I think that the role of the Treaty [of Waitangi] in a lot of areas has yet to be understood, has a long way to go in terms of the way that the law treats Treaty rights and so the argument that we were relying on in appealing that decision was the weighting given to the evidence of [Māori community leaders] should have been at least on a par with any evidence or any views of the Medical Officer of Health and the Police.'
>
> (Counsel for Objectors)

When assessing the standing of Māori objectors, decision makers failed to recognise the relevance of traditional Māori leadership roles in the community or status as *tangata whenua* (a descendant of the land with customary authority in the local area). In Māori culture, such status confers responsibilities and authority in local matters, which are further guaranteed in Te Tiriti. In one case, the Māori objector was tangata whenua and his work included supporting Māori families in the locality of the premises with addiction issues. Rather than affirm or explore the relevance of these interests, the decision concluded that he had no standing because there was no statutory basis for his work, thereby reinforcing the existing precedents. The objector was frustrated by the narrow interpretation:

> 'I'm tangata whenua here and my concern is our people ... And you're telling me that I can't get up and speak on behalf of our people that just doesn't ... So to me I guess I'm heading in that direction of the Treaty of Waitangi and the partnership, where is that embedded in this? Where is it embedded in this? Well if it ain't it should be because this

is a government process, this is government legislation.'

(Community Objector)

In a second example, the standing of two Māori objectors was supported based on their statutory roles in local Councils. However, evidence provided of their cultural and community leadership roles in a Marae (a gathering place and hub of a Māori community), which involve supporting the wellbeing of families in the locality of the outlet, was not discussed in the written decision as relevant to standing. Both cases represented missed opportunities to set a supportive precedent for Māori objectors that aligned with Te Tiriti and instead relied on past interpretations of the Act.

3.4.2 | Adversarial system deterred and disrupted Māori involvement

Objectors expressed that in general, the highly legalistic and contested nature of the process, involving court-like hearings and technical rules of evidence, was an inappropriate and overly confrontational way to make decisions about the concerns of the Māori community. In particular, cross-examination was considered to actively deter Māori from objecting to licences. This included Māori wardens, who despite some familiarity with alcohol licensing structures, were still put off:

'The first time I appeared, I had a whole lot of Māori wardens turn up in uniform and they were all sitting in the public viewing gallery and they saw the work that two lawyers for the applicant, the work that they did on me and they said, "you want us to be part of it? Forget it.'

(Community Objector)

Challenges to standing appeared to shock two of the objectors and impacted the confidence of one to participate in the hearing:

'I still am a confident speaker but I think in that environment of talking about something you hold quite passionate ... it just emotionally was very trying. On top of that it starts being told that my [objection] may not be able to be brought and used in this court because of me not living in [suburb], was a real kick in the guts and felt that way until [my lawyer] was able to sort that out.'

(Community Objector)

While some Māori objectors felt comfortable speaking, they felt they had limited influence in an environment dominated by legal argument:

'I was able to describe it [the local effects of alcohol], but there is a difference to being able to describe it and it being given weight in that environment and yeah that is where the disconnect is.'

(Community Objector)

3.4.3 | Legislative barriers to recognising Te Tiriti rights

The lack of reference to Te Tiriti (or any related principles) in the Act was directly referenced in some of these failures to explore interests specific to Māori; one decision noted the Act did not explicitly require consideration of either Māori cultural values or Te Tiriti, nor did Te Tiriti have any general applicability to interpreting provisions relating to determining licence applications. Likewise, there was no pathway specified in the Act or in related systems towards proactive involvement or sharing authority with Māori in decisions. Instead, the legislation had enabled precedents and processes to develop that limited Māori input to these hearings.

3.5 | Constituents of decision-making bodies

DLC members are not required to reside in or be familiar with the area of the application, and a lack of community representation on the decision-making bodies, including representation of ethnic minority groups, was raised. In two locations, where a high proportion of residents are Māori and Pasifika, objectors reported that decision makers were not local and may not have fully appreciated the impacts of alcohol on residents. This may contribute to bias in the system because the Act requires the DLC to 'form an opinion' of whether effects on the amenity and good order of the locality are 'more than minor':

'[Improvements] I have suggested are reviewing and re-prioritising the values of the Licensing Committee which includes their recruitment processes, there needs to be more Māori, more representation from the communities that are most affected by alcohol-related harm ... there needs to be meaningful education around the harms of alcohol I believe.'

(Community Objector)

3.6 | Challenges to providing sufficient evidence of risk

Within hearings, participants reported that defeating a well-prepared application was very challenging for lay people. As the DLC is a Commission of Inquiry and civil in nature, the technical standard of proof is the balance of probabilities. However, the prior legal analysis had indicated inconsistency between DLCs, who sometimes required a standard of evidence that approached 'proof' that harm was linked to an outlet, such as receipts to indicate the source of discarded alcohol containers outside an outlet. Typically, successful opposition to an application required substantial evidence of specific alcohol-related risks near the premises that would not be mitigated by the outlet owner, their operating plan or the nature of the business. Relevant risks include both current harms and existing vulnerabilities in the community.

Although several of the written decisions noted that the socioeconomic deprivation in the hearing locations elevated the risk of harm from each outlet, they reported the objectors' evidence of current harm was too 'general', suggesting more detail of specific instances was needed to decline the application. It was seen to be very challenging for community objectors to satisfy the evidence requirements on their own:

> 'The burden of proof in licensing here is very, very high, it's extraordinarily high and it's almost impossible to reach. A community would have to have collected data for a very long time to demonstrate harm.'
>
> (Expert Witness for Objectors)

In addition, objectors did not always present their evidence in ways that demonstrated its relevance to the Act, suggesting a lack of specialised knowledge of the process affected their objections:

> '[The decision maker] was very considerate of [the objectors'] views but at the end of the day they didn't respond to the criteria ...'
>
> (Reporting Agency)

Applicants and their legal representatives also reported that objections sometimes lacked relevant supporting detail or even a real basis to object; however, one acknowledged a majority of objections were helpful:

> 'I've done a few of these now and I think you do actually get the bulk of objectors probably do provide you with good feedback, such as the location of schools the location of parks where they've had issues with graffiti, but you probably get about twenty to twenty-five percent who are completely irrational and are making things up.'
>
> (Counsel for Applicant)

The potential value of community input was evident in the interviews with residents; they identified issues relevant to the licensing criteria in each neighbourhood, such as alcohol-related fights; fear of groups drinking in public and in alcohol ban areas; and noise, litter and broken glass. Often separate interviewees identified the same location where they felt unsafe due to alcohol use, such as the shops or a park:

> 'On Saturday, Friday and Saturday the park at night can become dangerous, a lot of young ones ... I don't, I don't think, oh I've had a few afternoon incidents if I stop and think about it. And it would have been about four in the afternoon and I went over there and the young men were drinking and they had dogs that were not on leashes.'
>
> (Resident)

3.7 | Power imbalances in legal representation

Lawyers' skills in cross-examination and knowledge of the Act, legal procedure and precedents from past cases provided a considerable advantage to applicants over lay objectors. Seven of the case study applicants had paid legal counsel, while objectors had pro bono legal support in three cases. Objectors struggled to provide a credible case that could withstand cross-examination and legal counter-arguments:

> 'Even though [the Act] says it's there for community to have more say, to be able to play at this game you have to really have legal representation or support of an agency to really get to a point where you're really going to have anything credible in the eyes of the DLC when you're up against applicants that are lawyered up ... it's such an unlevel playing field for community and I think we're setting them up to fail.'
>
> (Reporting Agency)

In three cases, applicants' lawyers successfully limited the focus of the decisions to a small area close to the premises, typically less than 500 m, despite the alcohol being

sold to take away. This nullified evidence provided by some objectors relating to a wider area. Comments from objectors and DLC members also indicated the strong influence experienced legal counsel may have:

> 'There was a Medical Officer of Health had a lot of data et cetera about you know violence rates et cetera, et cetera, but none of it was local data. Which was you know a moot point for the applicant's solicitor who made it quite clear that the only relevant information that we could take into account was if it was local data.'
>
> (DLC Member)

One participant believed that over time this imbalance would become embedded in the system in precedents that advantage applicants:

> 'But one of the things that really was quite concerning about this, and you find it in other areas like the environment court where there's not a lot of legal aid for community groups so they don't have any money, and so the jurisprudence in the case law that builds up over time is in favour of the party that has money because they can of course appoint lawyers who can argue all of these things.'
>
> (Counsel for Objectors).

3.8 | Prioritisation of official data over community knowledge

In several of the case study hearings, the reporting agencies provided insufficient evidence of alcohol-related harm in the locality or did not oppose the application. Following a common case law precedent to prioritise reporting agency data in the evaluation process, this resulted in the DLC automatically placing less weight on public objections about local disorder or harm:

> 'Yeah, yeah they said you know there had been trouble but what sort of, without evidence from the Police you know like I guess we couldn't substantiate any of that.'
>
> (DLC Member)

Some objectors felt this undermined their input unfairly as they are the 'experts in terms of the knowledge of the area', particularly as in multiple cases the reporting agencies did not appear to have good records of harm or crime attributed to alcohol, or the resources to collate relevant data:

> '... in my opinion you know the committee was actually really let down, it's like (Police officer) knew darn well that there were problems but there was no, no, the Police aren't doing enough recording of it, you know, like of the incidents at the time.'
>
> (DLC Member)

> '(Police) need better systems and processes in place to record that information, and I know that they're currently going through a new type of programme they're putting together that they can obtain all those stats, ages, addresses, time and dates and as in recording each individual type of offence so we can specifically say at a hearing exactly what is happening rather than ... just generally saying hey we've got a lot of crime happening, yeah but what type of crime, so we've got to get more specific.'
>
> (Reporting Agency)

This stance was supported by the resident interviews; in five locations, including two where existing licences were being renewed, multiple residents gave consistent accounts of relevant alcohol-related impacts that were not raised by the reporting agencies.

Ultimately, in each case, the DLC decided the evidence provided of alcohol's effects on local amenity, harm and disorder was insufficient to decline the application.

3.9 | A process unfit for community engagement

Many objectors assessed the licensing process overall as being an inappropriate and ineffective way to address the concerns facing an under-resourced community. Some mentioned it was unjust for the process to be so challenging for those who live with the consequences of the decisions. One concluded:

> 'No I don't think they (the DLC) did get a good picture, I think they got a very good legal picture but they didn't get the feel ... the heartbeat of (suburb) you know. And I think that's where the disservice is done to community where they don't get the real impact stories. If we could have taken

> families along with the mothers and children [who] were direct beneficiaries of alcohol in their house and they get abused daily or every Friday and Saturday night they get bashed over cause dad's back and had a bad day at the rugby or something and [that's] fuelled by alcohol, if those stories could be a part of that whole application, then you might be able to bring the humanity in to it.'
>
> (Community Objector)

Another experienced objector perceived the barriers to be insurmountable:

> 'I decided that would be the last time until things changed significantly, that would be the last time I would be attending a hearing because if we can't make the case and win with such favourable odds presumably in our favour you know with the local socio-economic realities, with the schools right across the road, with the harm already inflicted on this community through alcohol related harm, where else could you win?'
>
> (Community Objector)

4 | DISCUSSION

Community objections to alcohol retail licence applications in Aotearoa New Zealand very rarely succeed [20]. Those that do are typically supported by opposition and evidence from the reporting agencies, legal counsel or an experienced coordinating group, many objectors, relevant evidence of specific alcohol-related harms or disorder and existing vulnerability in the community, such as public housing or addiction services [24].

The unsuccessful objectors in the case study locations had few of these supports. Although most of the locations were considered at elevated risk of alcohol harm due to high socioeconomic deprivation, objectors encountered several barriers to participation and a distinct power imbalance due to lacking specialised skills and knowledge of licensing law. While some of these barriers have affected objections to licences from the public in general, for example, in Australia and Scotland [27, 28], people in under-resourced communities in the current study reported the challenge was exacerbated by competing priorities and limited financial capacity, for instance, to gather relevant evidence, engage legal support or take time off work.

Despite a substantial willingness among local residents to object to licences, few appeared in the hearings. This is likely to have limited the evidence available to DLCs and to have made the concerns put forward appear less widely supported or significant. A lack of supporting data from the reporting agencies also reduced the weight DLCs gave to community objections, especially data specific to the locality around each outlet, which some staff had found challenging to collate. Accordingly, the police were reported to be addressing their data collection processes.

The potential impact of resource limitations on objectors from under-resourced communities is highlighted by comparison with a hearing in a wealthier suburb, where a large campaign was mounted with legal counsel, expert witnesses and more than 100 local objectors [29]. Here, the proposed retail outlet was deemed likely to have more than a minor impact on the pleasant character of the local shopping centre and the licence was declined, despite the lack of socioeconomic deprivation or opposition by the reporting agencies.

The failure of decision makers to recognise the significance of traditional Māori community roles, together with preferring prior case law (e.g. basing standing on living within 2 km) ahead of Māori rights protected by Te Tiriti when interpreting legislation, demonstrates institutional racism in practice. Notably, the right of Māori to have authority within decisions impacting on their area was breached in some cases. This resulted in Māori residents' views and knowledge being excluded, undermined or given limited weight in licensing decisions. The systemic nature of the barriers facing Māori participants stems largely from the Act but partly from its implementation; while the Act does not prevent a DLC considering Te Tiriti rights relevant to Māori engagement in licensing, precedents developed which conflict with such rights rather than uphold them. Other decisions explicitly raised the lack of reference to Te Tiriti in the Act as justification for not considering it, and stakeholders in alcohol licensing and harm reduction have indicated there will likely be limited improvement unless the Act defines more explicitly how Te Tiriti should apply in licensing and other aspects of alcohol control [22].

Failures in government systems to engage appropriately with Māori are not unique; similar issues have driven reforms in youth justice and social work legislation and practice since 1989 [30] and have been acknowledged as needing improvement across numerous governmental cycles [31]. Internationally, Indigenous Australians have also been affected inequitably by licensing systems [32], contrary to the protections of Indigenous interests and authority within the United Nations Declaration on the Rights of Indigenous Peoples.

Although it is unclear whether a process that was more inclusive would have changed these decisions, local

residents reported relevant alcohol-related disorder that was not raised in hearings. This suggests the barriers to their participation weakened the assessment of local risk central to the licence decision. Indeed, the decision makers reinforced the need for evidence of local harm. As such, the barriers in the licensing system have likely contributed to preventing under-resourced communities and Māori from reducing the inequities in outlet density and related harm that they continue to face [33, 34].

The major barriers appear to lie in the legislative framework, most notably the lack of guidance regarding Te Tiriti, the adversarial hearing system, the imbalance of power between participants and the treatment of community knowledge as secondary to regulatory agency data. Better implementation of the Act may address other issues, such as accessibility of hearing locations and notification systems.

Improvement in the reporting agencies' capacity to consistently collate and provide relevant harm data linked to alcohol and tagged to a premises' locality appears particularly important to current decision making, including weighing public objections. Such data may include hospitalisations, assault, disorder, property damage, family harm, drink-driving events, noise and vandalism records. To assist community objectors, confidential local area data could be made publicly accessible as part of reporting agency commentary on applications before the hearing. While some of these data may be requested in New Zealand, residents' awareness of its existence and importance appeared limited, other than in groups with licensing expertise.

The case study hearings displayed some of the power dynamics that may prevent the achievement of licensing policy aims [28], suggesting a need to critically review licensing systems from health equity and Indigenous perspectives. Ensuring Indigenous people and groups most exposed to alcohol have lead roles in reform may help overcome distrust in public systems that stems from discrimination and marginalisation [22] and may improve Indigenous health outcomes [35]. The findings also support recent suggestions to encourage licensing officials to build relationships with residents and organisations in under-resourced communities [36]. In the process, they may ensure relevant local harm data are accessible and establish proactive monitoring of issues identified by residents for which routine data are unavailable, such as alcohol-related rubbish and minor disorder.

Following this research in Aotearoa New Zealand, the Act was amended in 2023 to better support community participation and future work on licensing structures was announced [37]. Positively, the objection timeframe was lengthened, cross-examination was removed, and anyone can now object. However, Te Tiriti responsibilities have not been added to the Act, and applicants will continue to have resource advantages. In locations at high risk of alcohol harm, it may be less burdensome to communities to restrict further licences through area policies, such as Local Alcohol Policies. Equity should again be prioritised during such policy development given past failures to engage appropriately with Māori [38].

4.1 | Limitations

The written licence decisions did not all define the weight given to community objections, and for some hearings, the decision makers did not agree to be interviewed, which is likely to have limited our identification of factors affecting the final decision. As DLCs are commissions of inquiry and have some flexibility in their operation, some findings may be location specific. This was partially mitigated by selecting a spread of locations, the focus on systemic issues and influential precedents and the mixed-methods design incorporating interviews with experienced licensing stakeholders. The study involved deprived communities only, and future studies could incorporate less deprived locations.

Although most community licence objections fail, the fact that each application in this study was granted was likely to have contributed to participants reflecting more on aspects of the system that were challenging. As such, the findings tend to reflect issues which ultimately contributed to the failure of community objections. Hearings where licences are declined should be investigated in future studies to gain a broader picture of the aspects of licensing systems that support objectors to succeed.

5 | CONCLUSIONS

Communities at greater risk of alcohol harm in Aotearoa New Zealand faced a range of structural and practical barriers to participation and influence in alcohol licensing. The barriers included imbalances in power and failures to uphold or recognise Indigenous rights in licensing law and practice, which constituted evidence of institutional racism. This may contribute to maintaining the disproportionate exposure of Māori and residents in socioeconomically deprived areas to alcohol retail outlets and related harms, and indicates a need for critical review of licensing systems from health equity and Indigenous perspectives.

AUTHOR CONTRIBUTIONS

Steve Randerson: Conceptualisation, formal analysis, methodology, project administration, writing—original

draft, writing—review and editing. **Sally Casswell:** Conceptualisation, funding acquisition, supervision, methodology, writing—review and editing. **Belinda Borell:** Conceptualisation, methodology, writing—review and editing. **Marta Rychert:** Conceptualisation, methodology, writing—review and editing. **Liz Gordon:** Conceptualisation, methodology, investigation, formal analysis, writing—review and editing. **En-Yi Lin:** Formal analysis. **Taisia Huckle:** Methodology, writing—review and editing. **Thomas Gradyon-Guy:** Software.

ACKNOWLEDGEMENTS

The authors wish to thank all interviewers, interviewees and local organisations who contributed to the research and Lisa Morice for her support in preparation of the manuscript.

FUNDING INFORMATION

This study was funded by Te Hiringa Hauora/Health Promotion Agency, now the Promotion arm of the National Public Health Service, Health New Zealand, Te Whatu Ora, under grant RIPA 2018–21.

CONFLICT OF INTEREST STATEMENT

The authors have no interests to declare.

DATA AVAILABILITY STATEMENT

Research data are not shared.

CONSTRAINTS ON PUBLISHING

None.

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REFERENCES

1. Hay G, Whigham P, Kypri K, Langley J. Neighbourhood deprivation and access to alcohol outlets: a national study. Health Place. 2009;15:1086–93.
2. Livingston M. The social gradient of alcohol availability in Victoria, Australia. Aust N Z J Public Health. 2012;36:41–7.
3. Romley J, Cohen D, Ringel J, Sturm R. Alcohol and environmental justice: the density of liquor stores and bars in urban neighborhoods of the United states. J Stud Alcohol Drugs. 2007;68:48–55.
4. Angus C, Holmes J, Maheswaran R, Green MA, Meier P, Brennan A. Mapping patterns and trends in the spatial availability of alcohol using low-level geographic data: a case study in England 2003-2013. Int J Environ Res Public Health. 2017;14:406.
5. Chambers T, Mizdrak A, Herbert S, Jones AC. Interventions to reduce alcohol's harms to health: a modelling study: Wellington, NZ. Te Whatu Ora – Health New Zealand. 2023.
6. Fitterer JL, Nelson TA, Stockwell T. A review of existing studies reporting the negative effects of alcohol access and positive effects of alcohol control policies on interpersonal violence. Front Public Health. 2015;3:253.
7. World Health Organization. A public health perspective on alcohol establishments: licensing, density and locations. Geneva. 4 November 2022. Report No.: Brief 8. Snapshot series on alcohol control policies and practice.
8. Laslett A-M, Catalano P, Chikritzhs T, Dale C, Doran C, Ferris J, et al. The range and magnitude of Alcohol's harm to others. Canberra, ACT: Alcohol Education and Rehabilitation Foundation; 2010.
9. Casswell S, Harding J, You RQ, Huckle T. Alcohol's harm to others: self-reports from a representative sample of new Zealanders. N Z Med J. 2011;124:75–84.
10. Huhtanen P, Tigerstedt C. Women and young adults suffer most from other people's drinking. Drug Alcohol Rev. 2012;31:841–6.
11. Tamutiene I. Alcohol's harm from strangers drinking in Lithuania. J Subst Abus. 2017;22:534–40.
12. Rossow I, Hauge R. Who pays for the drinking? Characteristics of the extent and distribution of social harms from others' drinking. Addiction. 2004;99:1094–102.
13. Babor TF, Casswell S, Graham K, Huckle T, Livingston M, Österberg E, et al. Alcohol: No ordinary commodity. 3rd ed. Oxford: Oxford University Press; 2023.
14. Shortt NK, Rind E, Pearce J, Mitchell R, Curtis S. Alcohol risk environments, vulnerability, and social inequalities in alcohol consumption. Ann Am Assoc Geogr. 2018;108:1210–27.
15. Probst C, Kilian C, Sanchez S, Lange S, Rehm J. The role of alcohol use and drinking patterns in socioeconomic inequalities in mortality: a systematic review. Lancet Public Health. 2020;5:e324–32.
16. Foster S, Hooper P, Knuiman M, Trapp G, Wood L. Does alcohol outlet density differ by area-level disadvantage in metropolitan Perth? Drug Alcohol Rev. 2017;36:701–8.
17. Morrison C, Gruenewald PJ, Ponicki WR. Socioeconomic determinants of exposure to alcohol outlets. J Stud Alcohol Drugs. 2015;76:439–46.
18. Nielsen AL, Hill TD, French MT, Hernandez MN. Racial/ethnic composition, social disorganization, and offsite alcohol availability in San Diego County, California*. Soc Sci Res. 2010;39:165–75.
19. Hon Judith Collins (Minister of Justice). Hansard Debates: New Zealand Parliament 11 December 2012. Report No.: Volume 686; page 7348.
20. Auckland Regional Public Health Service. Is the community's voice being heard? 2019 [updated 5 December; cited 3 August 2021]. Available from: https://www.arphs.health.nz/assets/Uploads/Resources/Alcohol/Is-the-communitys-voice-being-heard_alcohol-licensing-applications_FINAL.pdf.
21. Jackson N, Robertson H. A review of territorial authority progress towards local alcohol policy development. 2nd ed. Auckland: Alcohol Healthwatch; 2017.
22. Maynard K. Te TiritI o Waitangi and alcohol law. Wellington: Te Hiringa Hauora | Health Promotion Agency; 2022.

23. Ratu D. Wai 2624, #1.1.1 a claim to the Waitangi tribunal under the treaty of Waitangi act 1975 in relation to WAI 2575 – the health inquiry. Waitangi Tribunal2017 February 13.
24. Randerson S, Gordon L, Casswell S, Lin J, Borell B, Rychert M, et al. "I feel it's unsafe to walk": impacts of alcohol supply on public space in eight neighbourhoods, and residents' input to alcohol licensing decisions. Wellington: Te Whatu Ora; 2022.
25. Came H, O'Sullivan D, McCreanor T. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand primary health care strategy. Ethnicities. 2020; 20:434–56.
26. Minister of Health. New Zealand health strategy: future direction. Wellington: Ministry of Health; 2016.
27. Visontay R, Mewton L, Brown T, Chapman C, Slade T, Newton N, et al. Community impact on liquor licensing decisions: barriers and recommendations. Report prepared for the Australian National Advisory Council on alcohol and other drugs, Department of Health and Aged Care, Australian Government. 2016.
28. Fitzgerald N, Winterbottom J, Nicholls J. Democracy and power in alcohol premises licensing: a qualitative interview study of the Scottish public health objective. Drug Alcohol Rev. 2018;37:607–15.
29. Plenitude Ltd trading as Khandallah Bottle-O [2019]. NZDLCWN 1654 (7 October 2019) Available from: https://www.nzlii.org/nz/cases/NZDLCWN/2019/1654.html
30. Roguski MD. The reclamation of whānau decision-making in the context of child welfare. A case study of iwi-led family group conferences. Int J Crit Indig Stud. 2020;13:86–100.
31. Health and Disability System Review. Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington, New Zealand: HDSR2020.
32. Bourbon D, Saggers S, Gray D. Indigenous Australians and liquor licensing legislation: Perth. Australia: National Centre for Research into the Prevention of Drug Abuse, Curtin University 1999.
33. Connor J, Kydd R, Shield K, Rehm J. The burden of disease and injury attributable to alcohol in new Zealanders under 80 years of age: marked disparities by ethnicity and sex. N Z Med J. 2015;128:15–28.
34. Cameron M, Cochrane W, McNeil K, Melbourne P, Morrison SL, Robertson N. The impacts of liquor outlets in Manukau City summary report-revised. Wellington, NZ: Alcohol Advisory Council of New Zealand; 2012.
35. Muhunthan J, Angell B, Hackett ML, Wilson A, Latimer J, Eades A-M, et al. Global systematic review of Indigenous community-led legal interventions to control alcohol. BMJ Open. 2017;7:e013932.
36. Reynolds J, McGrath M, Halliday E, Ogden M, Hare S, Smolar M, et al. 'The opportunity to have their say'? Identifying mechanisms of community engagement in local alcohol decision-making. Int J Drug Policy. 2020;85:102909.
37. Allan K. Communities given greater powers to reduce alcohol harm. 2022 [updated 30 October; cited 31 October 2022]; Available from: https://www.beehive.govt.nz/release/communities-given-greater-powers-reduce-alcohol-harm.
38. 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. Drug Alcohol Rev. 2019;38:331–8.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Randerson S, Casswell S, Borell B, Rychert M, Gordon L, Lin E-Y, et al. Systemic inequities in alcohol licensing: Case studies in eight Aotearoa New Zealand communities. Drug Alcohol Rev. 2025. https://doi.org/10.1111/dar.13997